

## CREDIT CARD AUTHORISATION FORM



Please note - credit card payment attracts surcharge fee (Amex/Diners @ 3% and Visa/Master Card @ 1.1%)

Client Code:  Date:  /  /

Client Name:

Invoice(s):

Invoice Number	Amount
B	\$
B	\$
B	\$
B	\$
Total Invoice(s) Amount \$	
Plus Credit Card Surgcharge Fee \$	
Total Payment Amount \$	

Card Type:  Visa  Mastercard  Diners  AMEX

Card Number:

Expiry Date:  /  CCV:

Name on Card:

Signature:

Send Receipt To: *Please select/complete one of the following options*

E-Mail:

Fax:

Post:

Please return completed form to [accountsreceivable@harrythehirer.com.au](mailto:accountsreceivable@harrythehirer.com.au) or Fax (Accounts) to 03 9421 3598

Melbourne: 81-85 Burnley St Richmond VIC 3121 Sydney: Unit 12/1 Hale Street, Botany NSW 2019

