

**CREDIT CARD AUTHORITY FORM**  
**-SINGLE PAYMENT-**

COMPANY: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

AUTHORISED DEBIT VALUE: \_\_\_\_\_

SERVICE: (EG. ASIC/ADA) \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

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**Transaction Approved: YES/NO**

**Credit Card Details confidentially destroyed: YES/NO**

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*Credit Card Details- Remove and confidentially destroy after transaction approval*

TYPE OF CARD: (PLEASE CIRCLE) VISA    MCARD    BCARD    DINERS    AMEX

CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_