



TO: Shire of Busselton (FAX 97524958)
Locked Bag 1
Busselton 6280

CREDIT CARD AUTHORITY

RE: PAYMENT FOR _____

Please complete all sections below:

Amount to be paid:	
Card Number:	
Expiry Date of Card:	
Type of Credit Card: (Please circle)	Bankcard/Visa/Mastercard
Contact Telephone Number/s:	
Card Holder's Name:	
Date:	
Card Holder's Signature:	

NOTE: COUNCIL DOES NOT ACCEPT DINERS CLUB INTERNATIONAL AND AMERICAN EXPRESS CREDIT CARDS.