



Bellinghen Shire Council

CREDIT CARD AUTHORISATION

Card details

Please charge the following credit card as payment for certificate(s) requested:

Visa Mastercard (please tick)

Name (as appears on credit card)

Card Number

Expiry Date

Amount

CCV # (on reverse of card)

Signature of person whose name appears on the credit card

I understand this information will be treated as confidential and will be destroyed after payment has been verified.

Signature: **Date:**/...../.....