



## GENERAL ORDERS

Ph. (02) 43234884 Fax (02) 43234910 Unit 6 /16 Jusfrute Drive West Gosford 2250

# CREDIT CARD AUTHORITY

Client Contact name: \_\_\_\_\_ Ph: \_\_\_\_\_

Company: \_\_\_\_\_

Please complete the following credit card payment authorisation.

Card Number

Valid From

Valid To

Security Numbers

Card Holder Name ( as appears on card)

Card Type

VISA

MASTERCARD

BANKCARD

I authorise GoodGear Pty Ltd West Gosford NSW  
to debit the above account  
for the sum of \$A\_\_\_\_\_.

Card Holder Signature : \_\_\_\_\_

Date : \_\_\_\_\_

We appreciate your custom. Please fax or email this Credit Card Payment Confirmation to us as soon as possible. Thank You