Credit Card Payment Authorisation

Date _____

Client Name _____

Phone # _____

Fax # _____

Method of Payment

Please Charge My

- ☐ Bankcard
- ☐ Mastercard
- ☐ Visa

Please place a cross in the corresponding box to indicate card type.

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry Date ☐☐ ☐☐

Month Year

Amount authorised for Payment $ _____

Card Holder's Name _____

Card Holder's Signature _____

N.B.

The above stated amount will be debited to your credit card account on the date your authorisation is received by A1 Uniforms.

FOR A1 UNIFORMS USE ONLY

Customer Invoice Number ☐☐☐☐☐☐

Customer Account Number ☐☐☐☐☐☐

Authorisation Number ☐☐☐☐☐☐

955 The Entrance Rd, Forresters Beach NSW 2260 Tel 02 4385 4386 Fax 02 4385 4396 ABN 80 465 810 594