



Authorisation form: Credit Card



Cardholder			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <small>Other – please specify</small>		
Name	<table border="1"><tr><td>Given name(s)</td><td>Surname</td></tr></table>	Given name(s)	Surname
Given name(s)	Surname		
Contact email address	<input type="text"/>		
<input type="checkbox"/> I hereby declare that am the holder of the credit card, the details of which appear below in the Credit card section.			
Credit card details			
Card type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Cardholder's name	<input type="text"/>		
Card number	<input type="text"/>		
Card expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Authorisation			
I hereby authorise Castle Corporate Pty Ltd to debit the Credit Card in respect of the following:			
Name/description of work completed	<input type="text"/>		
Invoice number	<input type="text"/>		
Payment amount	\$ <input type="text"/>		
Execution			
Cardholder's signature	<input type="text"/> X _____		
Date of authorisation	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Please complete and return this form to Castle by:
e: castle@castlecorp.com.au or f: (03) 9890 6699

Castle Corporate Pty Ltd
ABN 36 065 276 655
www.castlecorp.com.au

If you have any questions or need help, call us on:
t: (03) 9898 6666