

Credit Card Authority



Date: ____ / ____ / ____

Client: _____ Phone No: _____

Re: _____

Invoice No(s): _____

Amount to be debited: \$ _____

Credit Card Details

Visa Mastercard Amex Diners

Card Number

____ / ____ / ____ / ____

Expiry Date

____ / ____

Cardholders Name

Signature

Notes



SHEL.COM CORPORATE SERVICES
Shelf Companies & Corporate Secretarial Services

129 Hawthorn Road, Caulfield 3161
PO Box 2360, Caulfield Junction 3161

Tel: (03) 9523 5225
Fax: (03) 9523 5313