

# Credit Card Authorisation

Cairns Chamber of Commerce  
ABN 25 045 708 264  
T: 07 4031 1838 F: 07 4031 0883 E: info@cairnschamber.com.au



## Payer Details

Contact Name			
Business Name			
A.B.N.			
Phone	Fax		
Postal Address	Suburb	State	Postcode

## Purchase Details

## Payment

Mastercard and Visa Accepted

Mastercard  Visa

Card No: \_\_\_\_\_ CVV No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

## Office Use Only

Payment Date

Invoice No

CR