

CREDIT CARD AUTHORITY FORM

PLEASE COMPLETE THIS FORM ALONG WITH A PHOTOCOPY
OF BOTH THE BACK & FRONT OF YOUR CREDIT CARD

Fax to 02 9699 9516 or, post to –



54 B George Street, Redfern NSW 2016

I _____, of _____
hereby authorise and direct **Peter Murphy & Associates – Solicitors** to debit my credit card for payment of the following invoices for legal carried out of my behalf.

Amount owing to Peter Murphy & Associates for invoice	
+ 3% Credit Card surcharge	
Total amount to be charge to my Visa/Mastercard	

TO BE COMPLETED BY CARDHOLDER

Card Holder's Name: *(as it appears on card):* _____

Card holders statement address: _____

Issuing bank: _____

Credit Card Number: _____

Exp. Date: ___ / ___ **CVV2 number:** _____ last 3 digits on signature panel

Card Holder Signature: _____

Contact phone number: _____ (not a mobile number)

OFFICE USE ONLY

Authorised on..... By.....

Visa/Mastercard authorisation number.....