



**AUTHORISATION FOR CREDIT CARD CHARGE**

**Invoice Number/Amount:** LW \_\_\_\_\_ \$ \_\_\_\_\_ LW \_\_\_\_\_ \$ \_\_\_\_\_  
LW \_\_\_\_\_ \$ \_\_\_\_\_ LW \_\_\_\_\_ \$ \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Fax Number (receipt will be faxed to this number):** \_\_\_\_\_

**Date of payment:** \_\_\_\_\_

**I, ..... hereby authorise LW Group Pty Ltd to charge a one off credit card payment of (which includes the 2% credit card fee):**

**\$.....**

**VISA CARD**

**MASTERCARD**

**CARD NUMBER**

**EXPIRY DATE:**   /

**VERIFICATION NUMBER:**

**NAME ON CARD:** \_\_\_\_\_

**SIGNATURE:**

**PLEASE RETURN FAX TO 03 8415 1377**