

CREDIT CARD PAYMENT AUTHORIZATION FORM

Merchant Name: _____ Merchant ID: _____

Cardholder Information:

Full Name (as on card): _____

Billing Address: _____

City: _____ State/Territory: _____

Postal Code: _____ Country: _____

Phone Number: _____ Email Address: _____

Credit Card Details:

Card Type (Visa, MasterCard, AMEX): _____

Card Number: _____

Expiry Date (MM/YY): _____ CVV: _____

Payment Details:

Amount to Charge (AUD): _____

Description of Goods/Services: _____

Authorization and Agreement:

By signing below, I authorize the Merchant to charge the credit card above for the amount specified. I certify that I am the authorized cardholder and that the information provided is accurate. I agree to comply with the cardholder agreement with my credit card issuer. This authorization shall remain in effect until the full amount has been charged or I revoke it in writing. This transaction and authorization are governed by the laws of Australia and are legally binding.

Cardholder Signature: _____

Print Name: _____

Date Signed: _____

Merchant Use Only:

Processed by: _____

Date Processed: _____

Privacy and Security Notice:

The information collected on this form is for payment processing only and will be handled in accordance with applicable Australian privacy laws. The Merchant will take reasonable steps to protect your data against unauthorized access or disclosure and will not store CVV codes. Please retain a copy of this form for your records. If you have any questions about this form, please contact the Merchant directly.

Cardholder Signature

Merchant Representative Signature

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

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