



CREDIT CARD AUTHORISATION FORM

CARD DETAILS

Type of card:

Visa

Mastercard

Other* (please specify) →

**Fee Applies*

Name on card:

Card number:

Expiration date:

CCV:

BILLING DETAILS

Billing address:

City:

State:

Postcode:

CONTACT DETAILS (ACCOUNTS DEPARTMENT)

Contact name

Phone number:

Email address:

JOB DETAILS

Job description:

Invoice number:

Amount to be charged:

\$

I acknowledge by signing this form, I authorise **BTS Transport** to charge my card for the amount listed above.

I/We agree to indemnify you for any debt collection fees incurred in the event of non-payment of any invoices.

Signed:

Date: