

CREDIT CARD AUTHORISATION FORM

PLEASE SEND BACK TO
Email: accounts@ppc.com.au or Fax: 07 3868 7350

Date: _____

Company name: _____

Invoices being paid: _____ - \$ _____
_____ - \$ _____
_____ - \$ _____
_____ - \$ _____

Please note all credit card transactions attract a credit card fee
(as stated on the invoice and sales order forms)
Credit Card Fees are: Visa and MasterCard 1.29% and Amex 1.65% Inc GST

Card type: Visa MasterCard Amex

Card number: _____

Expiry date: _____

Name of card holder: _____

Signature: _____

Do you require a receipt? Yes No

If so, please advise fax number or email: _____

