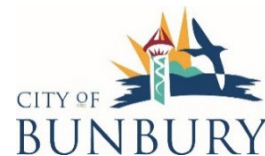


CREDIT CARD AUTHORITY FORM

ENVIRONMENTAL HEALTH



Please place this form with all other Environmental Health documentation.
If emailing application, please attach the authority form as a separate document.

DETAILS:	
To:	City of Bunbury
Payment of application for premises located at: (Provide address if applicable)	
Type of application or fee being paid: (e.g., infringement notice, application for health services approval, public building, food business, street trading, regulation 18 application etc.)	
Additional Comments if required:	
Business Name: (If applicable)	
Date:	

PAYMENT DETAILS:			
Amount to be Paid: (Note, amount cannot exceed \$5000.00)			
Bank:			
Card Type: (i.e., Visa/ Mastercard)			
Cardholder/s Name:			
Card Number:			
Expiry Date:		CSV Number:	
Company Name: (If applicable) NB receipt will be issued in this name			
Postal Address/ Email: (to send copy of receipt)			
Contact Name:		Phone:	
Cardholder Signature:			