CREDIT CARD AUTHORITY FORM Environmental Health

Cardholder Signature:



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

DETAILS:	
То:	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 buisness, 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: