

CREDIT CARD AUTHORISATION

CUSTOMER DETAILS

Cardholder's name			
Address			
Contact phone number (Business hours)			

CREDIT CARD INFORMATION

Credit card type	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Card number	_____/_____/_____/_____	
Expiry Date	____/____	
Amount	\$ _____	
Signature	Date	

REASON FOR PAYMENT

Please include relevant reference/application/invoice numbers or attach separately (If applicable)




IMPORTANT NOTICE - Privacy Statement

Scenic Rim Regional Council is collecting your personal information on this form in order to process your payment. Your information will not be given to any other person or agency unless you have given us permission or we are required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Council Use Only

Date received	Receipt #
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To submit your form to Council

	Scenic Rim Regional Council, PO Box 25, BEAUDESERT QLD 4285	
	Beaudesert Customer Service Centre Boonah Customer Service Centre Tamborine Mountain Library & Customer Service	82 Brisbane Street, Beaudesert 70 High Street, Boonah Cnr Main St & Yuulong Rd, Tamborine Mountain
 (07) 5540 5111	 (07) 5540 5103	 mail@scenicrim.qld.gov.au