

CREDIT CARD AUTHORISATION

CUSTOMER DETAILS

Cardholders name (<i>On credit card</i>)	
Business name (<i>On credit card</i>)	
Postal Address	
Email Address	
Contact phone number (Business Hours)	

Please note: In the event that a refund is required, the credit card holder will receive the refund

CREDIT CARD INFORMATION

Cardholders Name			
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Card Number	____ / ____ / ____ / ____	Expiry Date	____ / ____
Amount	\$ _____		
Signature	<div></div>	Date	

REASON FOR PAYMENT

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

PRIVACY STATEMENT

Important Notice

In completing this form, you are providing personal information such as your name and contact details to the Scenic Rim Regional Council. These details will be used for processing this form and your personal information will only be accessed by officers authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009* and the *Information Privacy and Other Legislation Amendment Act 2023*. This information will not be disclosed to a third party unless with your consent or as required by law.

TO SUBMIT YOUR FORM TO COUNCIL

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