

# 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 <i>Please note: A surcharge of 0.34% will apply to credit card transactions.</i> |             |             |
| 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<br>PO Box 25, BEAUDESERT QLD 4285                                                                                                                                                                             |     |                |
| By E-Mail | <a href="mailto:mail@scenicrim.qld.gov.au">mail@scenicrim.qld.gov.au</a>                                                                                                                                                                  |     |                |
| In Person | Beaudesert Customer Service Centre<br>82 Brisbane Street, Beaudesert<br><br>Boonah Customer Service Centre<br>70 High Street, Boonah<br><br>Tamborine Mountain Library & Customer Service<br>Cnr Main St & Yuulong Rd, Tamborine Mountain |     |                |
| Phone     | (07) 5540 5111                                                                                                                                                                                                                            | Fax | (07) 5540 5103 |