



Credit Card Payment Authorisation Form

AMEX

CARD NO:	
EXPIRY DATE:	
CARD HOLDER NAME:	
FULL CARD VERIFICATION NO: <small>(Located on the back of the card)</small>	
CARD HOLDER SIGNATURE:	
CONTACT NO:	

COMPANY NAME: _____

CUSTOMER NUMBER: _____

INVOICE NO: _____ **AMOUNT:** _____

TOTAL AMOUNT: _____ **\$** _____

**THIS FORM SHOULD BE FAXED DIRECTLY TO ACCOUNTS RECEIVABLE ON +61 2 9361 1844
OR EMAILED TO ONLINEPAYMENTS@TOURISM.AUSTRALIA.COM**

IF YOU HAVE ANY QUERIES, PLEASE CALL ACCOUNTS RECEIVABLE ON +61 2 9361 1244