

# CREDIT CARD AUTHORISATION FORM

## PURPOSE OF PAYMENT

## CONTACT DETAILS

Company

Position

First name

Surname

Street number

Street name

Suburb

Postcode

Phone number

Email address

## CREDIT CARD DETAILS

Cardholder signature is required before processing

I would like to pay by:    Mastercard    Visa

**A receipt can be issued upon request. Cardholder signature is required before processing.**

Card number

Cardholder name

Expiry date

Cardholder signature

Date

Amount

## OFFICE USE ONLY

Receipt No. (Only complete this for hardcopy lodgement)

Date

## CONTACT US

Penrith City Council  
601 High Street  
PENRITH NSW 2750

PO Box 60  
601 High Street  
PENRITH NSW 2751

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