

# CREDIT CARD AUTHORISATION FORM

## PURPOSE OF PAYMENT

## CONTACT DETAILS

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.

Date

## CONTACT US

Penrith City Council  
601 High Street  
PENRITH NSW 2750

PO Box 60  
PENRITH NSW 2751

**PHONE:** (02) 4732 7777

**FAX:** (02) 4732 7958

**EMAIL:** [council@penrithcity.nsw.gov.au](mailto:council@penrithcity.nsw.gov.au)

**WEB:** [www.penrithcity.nsw.gov.au](http://www.penrithcity.nsw.gov.au)