



## CREDIT CARD PAYMENT AUTHORITY

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address for receipt: \_\_\_\_\_

### AUTHORISATION

I hereby authorise AHI to make a charge against the credit card details outlined below:

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Card Type:  Visa



MasterCard



CVN: \_\_\_\_\_



CVN = Card Verification Number

### PAYMENT DETAILS:

Invoice No	Amount Paying
	\$
	\$
	\$

**Total Amount to be charged: \$** \_\_\_\_\_

NB: a 1.5% fee is applicable

Signature: \_\_\_\_\_

Name of Signatory: \_\_\_\_\_

### Delivery Instructions

Please print, complete and return via one of the following methods:

By email to: [info@ahiasbestos.com.au](mailto:info@ahiasbestos.com.au)

By mail to: AHI, PO Box 291, COORPAROO QLD 4151