



CREDIT CARD CHARGE AUTHORITY

I hereby authorise Wherever to charge my credit card as follows:

Amount in Australian Dollars: A\$_____

Please keep my details on file and charge as needed with written or verbal authorisation :

_____ (Sign here)

Credit Card Type: Visa Mastercard Diners Club American Express Bankcard

Cardholder Name:_____

Credit Card Number: _____

Security code: _____ Expiry Date: ____ / ____

Signature:_____

Date:_____

Please complete and return to :

Lauren Compton
Fax: 02 9007 2403

Please note:
Unless otherwise advised the following fees apply for using credit card:

1.5% Visa & Mastercard
3% American Express & Diners

