

*To Gateway Legal Service
By fax: 02 6162 1874*

AUTHORISATION FOR PAYMENT BY CREDIT CARD

Please charge my credit card for AUSTRALIAN \$ _____

Type of Credit Card: _____
(Only Visa / MasterCard are accepted)

Credit card number: _____

Expiry Date: ____/____ (as on card)

Cardholder's name: _____

Exactly as printed on credit card

Telephone: _____
Country Code City Code Telephone number

Mobile tel.: _____

Address: _____

Signature of Cardholder: _____

Office use only: