

CREDIT CARD PAYMENT AUTHORITY

TO: Murdoch Lawyers

I/We, _____ hereby authorise you to deduct monies
from the following credit card:

(please tick) Visa Mastercard

Name on Card _____

Card Number _____

Expiry Date _____ / _____

Amount \$ _____

Our Reference No. _____

Signature of Cardholder _____

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Contact Number _____

Once fully completed, please return this form by post, fax or email:

Post: PO Box 963, Toowoomba, Queensland 4350

Fax: 07 4632 6600

Email: info@murdochs.com.au

murdoch
lawyers

138 margaret street
po box 963
toowoomba queensland 4350
telephone 07 4616 9898
facsimile 07 4632 6600
email info@murdochs.com.au
www.murdochlawyers.com.au