



## CREDIT CARD PAYMENT AUTHORITY

*All Transactions Over \$500.00 must be accompanied by this form.*

**NOTE:** Due to increased credit card fraud, please attach a copy of both your **credit card** and **driver's licence** to this form. Forms submitted without this information will **NOT** be approved.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SUBURB:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **P.CODE:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_ **MOB :** \_\_\_\_\_

(OFFICE USE ONLY – NUMBER VERIFIED) \_\_\_\_\_

**I hereby authorise Sydney City Motorcycles to charge my credit card:**

**VISA**     **MASTERCARD**     **BANKCARD**     **AMEX**

**CARD NUMBER:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_ / \_\_\_\_ **CCV:** \_\_\_\_\_

**CARDHOLDER NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **AMOUNT:** \$\_\_\_\_.\_\_\_\_

**PAYMENT FOR:** \_\_\_\_\_

- **PLEASE RETURN THIS FORM VIA EMAIL ASAP:**

[weborders@sydneycitymotorcycles.com.au](mailto:weborders@sydneycitymotorcycles.com.au)

### **OFFICE USE ONLY:**

ACCOUNT APPROVED BY: \_\_\_\_\_ / /

MANAGING DIRECTOR: \_\_\_\_\_ / /

FINANCIAL CONTROLLER: \_\_\_\_\_ / /

**APPROVAL ROUTING ORDER:**  
(PLEASE INITIAL UNDERNEATH YOUR TITLE AND PASS ON TO THE NEXT PERSON)

**MD – FIN CONTROLLER (FILE)**