



MERTHYR
LAW

CREDIT CARD PAYMENT AUTHORITY

To: Merthyr Law

I _____ hereby authorise you to deduct monies from the following credit card:-

Please Tick:

Visa

MasterCard

Name on Card _____

Card Number _____

Expiry Date _____

Amount \$ _____

For payment of professional fees & outlays for tax invoice No _____

This credit card payment will attract a surcharge of 2%

Signature of Card Holder _____

Print Name _____

Contact Number _____

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

Post: GPO Box 459, Brisbane, Queensland 4001

Fax: 07 3252 1075

Email: fran@merthyr.com.au

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GOLD COAST
LENNOX HEAD