



CREDIT CARD PAYMENT AUTHORITY

Name: _____

Phone number: _____

Email Address for receipt: _____

AUTHORISATION

I hereby authorise AHI to make a charge against the credit card details outlined below:

Name on Card: _____

Card Number: _____ Exp. Date: ____/____

Card Type: Visa



MasterCard



CVN: _____



CVN = Card Verification Number

PAYMENT DETAILS:

Invoice No	Amount Paying
	\$
	\$
	\$
	\$
	\$
	\$

Total Amount to be charged: \$ _____

Signature: _____

Name of Signatory: _____

Delivery Instructions

Please print, complete and return via one of the following methods:

By email to: info@ahiasbestos.com.au

By mail to: AHI, PO Box 6091, Logan Central Q 4114