

## SINGLE CREDIT CARD APPLICATION FORM

(PLEASE COMPLETE IN BLOCK LETTERS)

I hereby authorize Australian Touring Services to bill amounts to the following credit card account.

**RETURN TO:** \_\_\_\_\_

**TO BE COMPLETED BY  
 THE APPLICANT**

Company / Trading Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Trading Address: \_\_\_\_\_

(Street Address Only) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**TO BE COMPLETED BY THE  
 CREDIT CARD HOLDER**

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Cardholder Tel (Business): \_\_\_\_\_

Cardholder Tel (Private): \_\_\_\_\_

Cardholder Tel (Mobile): \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NB: A photocopy of both sides of the credit card must be included to complete application**