

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: _____

Inv Amount: _____

Credit Card Surcharge*: _____

Total Credit Card charge: _____

Cardholders Signature: _____

Date: _____

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

***Surcharge of 3.5% for BM/MC/Visa, 4% for Amex to be calculated on total invoices to be charged**