

REDMOND HALE SIMPSON

CREDIT CARD PAYMENT AUTHORITY FORM

Redmond Hale Simpson Solicitors, Level 3, 376 Bay Street, Brighton-Le-Sands NSW 2216

Fax No: 02 9588 6008 or email: Paula@redhale.com.au

Please charge my Credit Card as follows:

Date: _____ Paying into: TRUST or OFFICE (circle)

Client's Name: _____ Matter No: _____

Details of Payment: _____

Credit Card Type: VISACARD, MASTERCARD or AMEX (Circle)

CARD NO: - - - - / - - - - / - - - - / - - - -

EXP DATE: - - / - - CVV: - - - (3 digit)

AMOUNT: \$ _____ + Surcharge (see below) = Total \$ _____

Note: Surcharges for Visacard and Mastercard is 1% and AMEX 1.50%, reflecting bank fees charged to us. The surcharge fee is inclusive of GST, please add it to the total amount.

Name on Card: _____

Cardholders Signature: _____

Telephone No: _____

Please return form to our accounts department for processing. Thank you for completing form.