

Credit Card Authorisation

Cairns Chamber of Commerce
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**CAIRNS CHAMBER
OF COMMERCE**
building business since 1909

Payer Details

Contact Name

Business Name

A.B.N.

Phone

Fax

Postal Address

Suburb

State

Postcode

Purchase Details

Payment

Mastercard and Visa Accepted

Mastercard Visa

Card No: _____ CVV No: _____

Expiry Date: ____ / ____ Cardholder's Name: _____

Amount: \$ _____ Signature: _____

Office Use Only

Payment Date

Invoice No

CR