



## CREDIT CARD AUTHORISATION FORM

I, \_\_\_\_\_  
First Name Middle Name Surname  
Of \_\_\_\_\_  
Company

Hereby authorise Phil Hoffmann Corporate Travel to charge the requested credit card transactions to the credit card listed below:

### CREDIT CARD DETAILS:

Card Holders Name: \_\_\_\_\_

Card Type: *Visa / MasterCard / Bankcard / American Express / Diners*

Card Number:

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

Security Number: \_\_\_\_\_

(for Visa/MasterCard/Bankcard & CCV for AMEX)

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On completion of this form, please return to:

Danielle Fuller – Corporate Administration  
Phil Hoffmann Corporate Travel  
Level 1  
3 Gordon Street  
Glenelg SA 5045  
Fax: 08 8294 7113

