



Authority to Charge CREDIT CARD

I, the undersigned, authorise
Byron Shire Council (Byron Regional Sport and Cultural Complex) to charge
amounts indicated to the following credit card:

Amount: \$.....

Payment For:
.....
.....

*If applicable, please state application number(s).

CONTACT NAME:		
ADDRESS:		
PHONE:	MOBILE:	FAX:

PAYMENT SLIP

I wish to pay by MASTERCARD VISA
Expiry date ____/____

Card Number

I authorise a credit card fee of 0.70% to be added to the above amount.

		/ /
CARDHOLDER'S NAME	SIGNATURE	DATE

Please return to FAX 6680 8782 or email mpf.brsc@byron.nsw.gov.au or

**Mail to: Byron Regional Sport and Cultural Complex
249 Ewingsdale Road
Byron Bay NSW 2481**