

**CREDIT CARD AUTHORISATION FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE No:** \_\_\_\_\_

**MOBILE NO:** \_\_\_\_\_

*(MOBILE NUMBER IS NOT ACCEPTABLE  
ON ITS OWN, UNLESS ACCOMPANIED BY A  
LANDLINE PHONE NUMBER)*

**CARDHOLDERS NAME:** \_\_\_\_\_

**CREDIT CARD NO.:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_\_

**CARD TYPE:** \_\_\_\_\_

**3 DIGIT CCV:** \_\_\_\_\_

**I HEREBY AUTHORISE TURRAMURRA MUSIC CENTRE TO DEBIT**

**MY CREDIT CARD FOR \$** \_\_\_\_\_

**FOR THE PURCHASE OF:** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE ATTACH A PHOTOCOPY OF BOTH SIDES OF YOUR CREDIT  
CARD AND DRIVER'S LICENCE AND FAX TO TURRAMURRA MUSIC ON:  
(02) 9449 3293 (Must be legible)**

**STAFF NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_