


# CREDIT CARD AUTHORITY

To: Wiltshire Lawyers  
PO Box 8892  
GOLD COAST MC QLD 9726

I, \_\_\_\_\_, hereby authorise and direct Wiltshire Lawyers to charge my credit card.

Card Type (please circle)	
Visa	MasterCard
Card Number	
<input type="text"/>	<input type="text"/>
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Card Details	
Name on Card:	
Expiry Date:	
 CCV:	
Amount to be charged:	\$

Signature<sup>1</sup>: \_\_\_\_\_

<b>Please return this form by:</b>	<b>Post:</b> PO Box 8892, Gold Coast MC QLD 9726
	<b>Facsimile:</b> 07 555 41 550
	<b>Email:</b> <a href="mailto:accounts@wiltshirelawyers.com.au">accounts@wiltshirelawyers.com.au</a>

1. As per clause 10.4 of our Client Agreement, if you sign and authorise payment of your account by Visa or MasterCard you hereby authorise us to charge to your Credit Card a surcharge fee of 2.5% in addition to the amount outstanding.