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CREDIT CARD AUTHORISATION FORM

ALL INFORMATION ENTERED ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL

CUSTOMER'S INFORMATION

First Name: _____ Surname: _____
Company Name: _____
Street: _____ City: _____
Postcode: _____ State: _____
Telephone: _____ Mobile: _____
Email: _____

CREDIT CARD INFORMATION

Card Type **Visa** **MasterCard**

Cardholder Name _____
(NAME ON THE CARD)

Credit Card

Expiry CCV

(CCV CAN BE FOUND ON THE REVERSE SIDE OF THE CARD)

**By signing below, I declare the information given on this form is true and correct.
I agree and am aware that Tetrie Pty Ltd T/as Sunshine Coast Food Services has authority to charge my above credit card for goods supplied by them.*

Signature: _____ **Date:** _____