

# Credit Card Authority



Please complete the below details for Credit Card Authority.

<b>Mail:</b>	PO Box 740, Ballarat VIC 3350	<b>Email:</b>	info@lifestyletravel.com.au
<b>Office:</b>	11 Armstrong St North, Ballarat	<b>Phone:</b>	03 5331 8277

CARDHOLDER DETAILS	
First Name	
Last Name	
DOB	
Address	
Email	
Phone	

CARD DETAILS						
Name on Card						
Card Type	Visa		Mastercard		AMEX	
Card Number						
Expiry						
CVV						

CHARGES (NB: 1.4% VISA/MASTERCARD & 1.7% AMEX CREDIT CARD SURCHARGES APPLY)	
Amount	

AUTHORITY (PLEASE TICK, SIGN AND DATE)	
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I authorise Lifestyle Travel Ballarat to charge my Travel Arrangements to my Credit Card.

I acknowledge that it may be necessary for my Credit Card details to be forwarded to a supplier/hotel to process the payment of my Travel Arrangements.

Signature	
Date	

\*Please download this form from your Internet browser to electronically sign. If you have any issues, please contact us.