



**GAPDL**<sup>TM</sup>  
The Gladstone Region

## **Credit Card Authorisation Form**

Card Type:       Mastercard                       Visa

Card Number:    - - - - . - - - - . - - - - . - - - -

Card Expiry Date: \_\_\_\_\_

Amount To Be Paid: \$ \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Organisation Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**I hereby authorise Gladstone Area Promotion and Development Limited (GAPDL) to debit my credit card for the above amount.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_