



GAPDLTM
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: _____