

CREDIT CARD PAYMENT AUTHORITY

TO: Murdoch Lawyers

I/We, _____ hereby authorise you to deduct monies
from the following credit card:

(please tick) Visa Mastercard

Name on Card _____

Card Number _____

Expiry Date _____ / _____

Amount \$ _____

Our Reference No. _____

Signature of Cardholder _____

Print Name _____

Contact Number _____

Once fully completed, please return this form by post, fax or email:

Post: PO Box 12004, George Street, Queensland 4003

Fax: 07 3007 9800

Email: enquiry@murdochs.com.au

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