



HSV OWNERS CLUB OF WA
PO Box 05, WELSHPOOL WA 6986

Credit Card Request

EMAIL TO: treasurer@hsvownersclubofwa.com.au
or
FAX TO: (08) 9405 2602

Mastercard
Bankcard
Visa

Card Holders Name: _____
 Card Number: _____
 Card Expiry Date: _____
 Card Verify Code: _____
 Purchase Amount: _____
 Address of Card Holder: _____

 Reference: _____

I, _____
 hereby authorise the HSV Owners Club of WA to charge my credit card for the payment of:

<u>Account No</u>	<u>Invoice No</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		\$0.00

Signed: _____ Date: _____

Office Use Only
 Authorisation Number: _____
 Authorisation Date: _____