



AUTHORISATION TO CHARGE CREDIT CARD

TO: Fax	3382 4300	Date	
Supplier	WINDAROO STATE SCHOOL	FROM: Name	
Address	300 MT WARREN BLVD	Telephone	
Contact	MT WARREN PK QLD 4207	Child's Name	
	HELEN WHITE	Class	

INSTRUCTIONS
 Please note that this order is invalid without the cardholder's signature.
 A receipt will be supplied on payment of this invoice.

Invoice No.	Description	T	Unit Cost GST Inclusive	Total Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
	Freight			\$ -
An asteric (*) in Column "T" indicates Taxable Supply			Total	\$ -

Above Total includes GST of: \$

Credit Card Details and Authority		Amount Approved	\$ -
Order invalid without signature			
Card Type		Cardholder's Name	
Card Number		Cardholder's Signature	
Expiry Date			