



NSW TAXI COUNCIL

Credit Card Authorization Form

Please attach order and email to: irene@nswtaxi.org.au

To: New South Wales Taxi Council Limited

Cardholder's Name: _____

Card Type: Visa MasterCard

Card Number: _____

Expiration Date: _____

Billing Address: _____

Phone: _____

Email: _____

Amount to Charge: _____

Reference/Order/Item Purchased: _____

Member ID/Invoice No. _____

ABN: _____

In signing this document, you authorise NSW Taxi Council to withdraw the amount listed above.

Signed: _____ Date: _____

Please forward your completed forms to: irene@nswtaxi.org.au or Fax: 02 9360 1675

NSW TAXI COUNCIL 2017 ©
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