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Credit Card Authorisation Form

Please debit my: Mastercard Visa

Cardholder's Name (as it appears on the card):

Your Name: _____

Card Number:

Expiry Date: ____/____

Cardholder's Address: _____

Delivery Address: _____

Cardholder's Phone Number (must be a landline number not a mobile):

(Please include Area Code)

Alternative Contact number: _____

(Please include Area Code)

I authorise Williamson International to charge the above-mentioned credit card for goods ordered to the value of AUD \$ _____

Invoice Number: _____

Cardholder's Signature: _____ Date: ____/____/____

Please Email this form back

Confidentiality Notice

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Williamson
International