

**PARRAMATTA STADIUM TRUST (PST)
CREDIT CARD AUTHORISATION FORM**

Instructions

1. Please complete this form by printing legibly with a dark pen
2. Please sign with the credit card holder's signature on the line indicated
3. Please fax this form, along with the completed Car Parking Permit Application to us at fax number +61 2 9890 3345

I, _____ hereby authorise the Parramatta Stadium Trust to charge my credit card account in the amount of \$_____.

Type of card Visa Mastercard

Credit Card No: - - -

Expiry Date: /

CBC Code (last three digits of the number on the back of the card) -

Credit Card Billing Address: Street: _____

City: _____

State: _____

Post Code: _____

Telephone: _____

As the credit card holder I hereby authorise the Parramatta Stadium Trust to debit the nominated credit card for the non refundable balances outstanding.

Card holder's signature: _____

Date: / /

Your completion of this authorisation form helps the Parramatta Stadium Trust to protect you, our valued customers from credit card fraud. All information entered on this form will be kept strictly confidential by the Parramatta Stadium Trust.

COMPLETE AND FAX ALL DOCUMENTS REQUIRED TO +61 2 9890 3345
PARRAMATTA STADIUM TRUST
PO BOX 2471, NORTH PARRAMATTA NSW 1750
PHONE: 02 9683 5755 FAX: 02 9890 3345 EMAIL: info@parramattastadium.com.au