

Letter of Authority to charge a Credit Card

Company / Organisation Details:

Company/Org Name: _____

Contact Name: _____

Phone: _____ Email: _____

Credit Card Details:

Card Type: (tick box)



Card Number: _____ / _____ / _____ / _____

Card Expiry Date: ____ / ____ (Eg: mm/yy)

Card Validation Code: _____

(The last 3 digits of the number printed on the back of the card)



Credit Card Authority:

I/We authorise **No BuTTs Australia Pty. Ltd.** to initiate payment transactions for invoices from No BuTTs Australia using the Credit Card details provided on this form.

Name on Card: _____

Signature of
Cardholder

Date of Authorisation: _____

Please fax completed form to (61-3) 9399-8144, or alternatively scan and email pdf of completed form to info@nobutts.com.au

...because the world is not an ashtray.