

CATALINA ROSE BAY PTY LIMITED
LYNE PARK ROSE BAY
TEL 61 2 9371 0555
FAX 61 2 9371 0559

CREDIT CARD AUTHORISATION FORM FOR GIFT VOUCHER

MESSAGE TO GO ON VOUCHER:

TO:

FROM:

MESSAGE:

NAME AND ADDRESS TO WHICH VOUCHER IS TO BE SENT:

.....

.....

PLEASE DEBIT THE FOLLOWING CREDIT CARD:

Please Tick: Visa Mastercard American Express

Name on Credit Card

Credit Card NumberExpiry Date.....

Card ID Number

Your Address.....

Phone Number.....

Email Address.....

Amount to be Debited **\$AU**..... (please specify)

(Please add \$5.00 *compulsory fee* if you require overnight Express Postage within Australia.)

Signature.....
