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## **AUTHORISATION FOR CREDIT CARD PAYMENTS**

TO: TRAVEL CARE

EMAIL: [info@travelcareonline.com.au](mailto:info@travelcareonline.com.au)

Fax: 02 96230038

I HEREBY AUTHORIZE TRAVEL CARE TO DEBIT MY CREDIT CARD MENTIONED BELOW FOR THE **BOOKING OF-**

(passenger names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TYPE OF CARD;      ☐ VISA      ☐ MASTERCARD      ☐ AMEX      ☐ DINERS

NAME ON CARD \_\_\_\_\_ (card holder name as it appears on the card)

Card No: \_\_\_\_\_

CVV no: \_\_\_\_\_ (3digit security no/on back of card)

EXPIRY DATE: \_\_\_\_ / \_\_\_\_

TOTAL CHARGE - \$ \_\_\_\_\_ (Amount including surcharge)

I DECLARE THE INFORMATION STATED HERIN IS TRUE AND CORRECT.

CARD HOLDERS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*PLEASE PROVIDE BACK & FRONT COPY OF THE CREDIT CARD ABOVE AND PHOTO ID  
(e.g.DRIVERS LICENCE )**

***Please Email this form & details back to our office  
Thank you***