
Credit Card Authority

To Shire of Capel
PO Box 369
CAPEL WA 6271

Payment for _____

Property _____

Please complete the section below:

Amount to be Paid	\$ _____
Card Number	_____
Card expiry date	Security Code
Type of Card	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/>
Card Holders Name	_____
Contact phone	_____
Email	_____
Date	_____
Signature	_____