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## Credit Card Authorisation Form/ Deposit Request

l,		
	me, Last Name	
Authorise McKkr's Pty Ltd to debit m	y (Please Circle):	
Visa Credit Card Visa Debit Card	Master Credit Card	Master Debit Card
For the amount of AUD		_
Name on Credit Card:		_
Credit Card Number:		_
Credit Card Expiry Date: /	_	
CCV No.:	_	
Card Holder Signature:		_
Date:/		

Please Note: If you are paying by Credit Card, there is an applicable credit card surcharge of 1.3% on this payment. Please Complete the details above and send us the completed Form by emailing it to us on: admin@mckkrs.com.au