

CREDIT CARD AUTHORISATION FORM



Please complete all sections of this form (except the 'office use only' section), and send to principalregistry@supcourt.vic.gov.au.

CARDHOLDER INFORMATION

Cardholder Name:	
Billing Address:	This must be the billing address linked to the credit card
Contact Number:	This number will be called to obtain the credit card details and must be contactable during business hours. Mobile phone numbers are preferred.

FEE INFORMATION

Amount to be charged:	For more information on fees, please visit the fees section of the Supreme Court website .
Payment for:	
Firm Name:	

PAYMENT AUTHORISATION

I _____ understand that the Supreme Court of Victoria will contact me via phone to process payment for the amount specified above.
I hereby authorise the Supreme Court of Victoria to charge the above agreed amount to my credit card once the details have been provided.

I further confirm that I am an authorised signatory to the identified credit card and have authority to authorise this payment.

Signed: _____

Date: _____

OFFICE USE ONLY

Processing Officer:

Date/Time:

Receipt Number:

All information in this document will remain confidential.