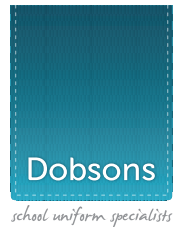




AUTHORITY TO USE CREDIT CARD



Card Type  

Card Number:

Expiry Date: / Verification Code:

Please debit my account of an amount not exceeding \$ _____
for the following item(s):

Name: _____
Address: _____
_____ Tel: _____
Signature: _____ Date: _____

Office Use: Attach credit card receipt to this Authority & return to Dandenong

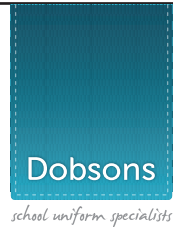
Head Office: 29 Marconi Drive,
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e: sales@dobsons.com.au

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