AUTHORITY TO USE CREDIT CARD



Card Type School uniform special	lists
Card Number:	
Expiry Date: Verification Code:	
Please debit my account of an amount not exceeding \$	
for the following item(s):	_
	_
	_
Nama	-
Name:Address:	_
Tel:	_
Signature: Date:	
Office Use: Attach credit card receipt to this Authority & return to Dandenong	
Head Offfice: 29 Marconi Drive, t: 03 8788 7500 f: 03 8788 7501 A.B.N. 62 004 441 61 Dandenong South. 3175 Victoria. Australia e: sales@dobsons.com.au www.dobsons.com.au I:/Work.doc/Credit Card Authority two per page.	au
AUTHORITY TO USE CREDIT CARD Dobson	S
Card Type School uniform special	25
Card Number:	
Expiry Date: Verification Code:	
Please debit my account of an amount not exceeding \$	
for the following item(s):	
	_
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NI	-
Name:Address:	_
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Dandenong South. 3175 Victoria. Australia e: sales@dobsons.com.au

Signature: _____

Date: _____