

# CREDIT CARD AUTHORISATION FORM

PLEASE COMPLETE AND RETURN TO BODYSHOP PAINT SUPPLIES BAYSWATER.  
ALL INFORMATION WILL REMAIN CONFIDENTIAL.

---

## CREDIT CARD DETAILS:

CARD TYPE:  VISA  MASTERCARD

CARD NUMBER:

EXPIRY DATE (MM/YY): /  CCV:

AMOUNT: \_\_\_\_\_

BY SIGNING BELOW, I AUTHORISE BODYSHOP PAINT SUPPLIES BAYSWATER  
TO PROCESS THE PAYMENT:

CARD HOLDER'S SIGNATURE: \_\_\_\_\_

---

PLEASE RETURN FORM VIA EMAIL:  
SALES@BODYSHOPBAYSWATER.COM.AU

**THANK  
YOU**

---

