

### Credit Card Authorisation Form

|                |  |
|----------------|--|
| <b>Name</b>    |  |
| <b>Phone</b>   |  |
| <b>Address</b> |  |
| <b>Email</b>   |  |

I authorise this credit card to be used for payment the following order/s: **Quote**

|                             |  |
|-----------------------------|--|
| <b>Amount to be Paid</b>    |  |
| <b>Credit Card #</b>        |  |
| <b>Exp. Date</b>            |  |
| <b>CCV (on reverse)</b>     |  |
| <b>Name on Card</b>         |  |
| <b>Authorised Signature</b> |  |
| <b>Date</b>                 |  |

**Please complete this form and fax back to: (07) 3889 8900**  
**Or Scan a copy to: [reception@windowsdoors.com.au](mailto:reception@windowsdoors.com.au)**