



SuJok & Massage Therapy, ABN: 73910760373  
 PO Box 843, Lane Cove NSW 2066, Australia  
 Tel: +61 2 8011 4601, Fax: +61 2 9439 1930  
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[www.MassageGiftVouchers.appee.com](http://www.MassageGiftVouchers.appee.com)

## Authorisation for Credit Card Payment

Please FAX this form to +61 2 9439 1930 or POST to PO Box 843, Lane Cove NSW  
 2066, Australia

Use this form to pay by credit card. FAX or POST the form to the contact details above. Never e-mail your credit card details.

### Payer details:

|                                                                                                                     |              |             |                     |
|---------------------------------------------------------------------------------------------------------------------|--------------|-------------|---------------------|
| <b>Name</b>                                                                                                         |              |             |                     |
| <b>Address</b>                                                                                                      | City         | State       | Postcode            |
|                                                                                                                     | <b>Email</b> |             | <b>Phone</b> (    ) |
| <b>Mobile</b>                                                                                                       |              | <b>Date</b> |                     |
| You must provide your phone or e-mail contact details so we can contact you if there is a problem with your payment |              |             |                     |

### Credit Card Details:

|                                                                                     |                   |
|-------------------------------------------------------------------------------------|-------------------|
| Credit card type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard |                   |
| Card No:                                                                            | Expiry Date:    / |
| Cardholder Name (as it appears on the card)                                         |                   |
| 3 – digit Security No (rear of card):                                               |                   |

| Order Details |    |      |  |
|---------------|----|------|--|
| Customer PO # |    | Date |  |
| Total Amount  | \$ |      |  |

**I hereby authorise SuJok & Massage Therapy to charge this credit card with the amount stated above.**

Name of  
 Authorised Person: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Important: Payment will not be processed if the form is not signed by an authorised person and full name printed in block letters. Please ensure that a signature is provided before faxing/returning it to SuJok & Massage Therapy.***

| For Official use |                           |
|------------------|---------------------------|
| Authorisation No |                           |
| Date             |                           |
| Payment          | Completed / Not Completed |