

For more information

<p>In person</p> <p>Customer Service Centre 91 Grenfell Street ADELAIDE SA 5000</p>	<p>Post</p> <p>Registration Unit GPO Box 1719 ADELAIDE SA 5001</p>	<p>More information</p> <p>www.cbs.sa.gov.au Email: associations@sa.gov.au Phone: 131 882</p>
--	---	---

Please ensure that this credit card authorization is securely attached to your application form.

Credit Card Payments

I hereby authorise the Commissioner for Corporate Affairs to debit my **Visa** or **MasterCard**

for the amount of \$ _____

For the purpose of

- An application under the *Associations Incorporation Act 1985*
- An application under the *Co-operatives National Law (SA) Act 2013*
- Other (please specify) _____

Name _____ (as it appears on the card)

Signature _____ **Date** _____

Phone _____

Credit card number

 /

Expiry date

CVV Number