



## CREDIT CARD PAYMENT AUTHORITY

### CREDIT CARD DETAILS

**Card Number**

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**Card Holder Name :** .....  
(PLEASE PRINT)

**Postal Address:** .....  
.....

**Contact Phone:** .....  
(CARD HOLDER)

**Card Type (Please tick):**

Visa 
 Mastercard

**Expiry Date:** .....

**Amount: \$** .....

**Signature:** .....

### CHEQUE OR MONEY ORDER

If paying by cheque or Money Order the payee should be 'Landgate'.

Documents including payment can be posted to:

Landgate  
 Registrations Acceptance  
 PO Box 2222  
 MIDLAND WA 6936

**RETURN FAX: 08 9273 7651**

**RETURN EMAIL : [advice@landgate.wa.gov.au](mailto:advice@landgate.wa.gov.au)**