

Credit Card Payment Authorisation

If you wish to pay by credit card, please complete the following:

QCAT Case number (if available):

Applicant

Respondent

Your name

Title

Given name/s

Surname/Family name

Telephone

Home

Business

Mobile

Fee type:

application \$

photocopying \$

other \$ please specify

A list of fees is available at www.qcat.qld.gov.au

Details for credit card payment:

Charge my: MasterCard Visa

Credit card No.:

Cardholder's name:

(as printed on the front of the card)

Amount authorised: \$ Expiry date: /

Cardholder's signature:

This form should be provided to QCAT with your application form.