

Credit Card Payment Authorisation

QCAT case number	
Applicant (the party who made the original application)	
Contact details (MUST be provided)	
Mobile	Alternative number Email MUST be provided
Respondent (the party against whom the original application was made)	
Fee type	
application	\$
photocopying	\$
other	\$ please specify
A list of fees is available at www.qcat.qld.gov.au/resources/fees-and-allowances	
Details for credit card payment	
Bank:	
Charge my:	Mastercard Visa
Credit card No:	
Expiry date:	/
Cardholder's name:	(as printed on the front of the card)
Amount authorised:	\$
Cardholder's signature:	
This form should be provided to QCAT with your application form.	