

Credit Card

PAYMENT AUTHORISATION

In some circumstances Joe Wagner Group may require the Client to provide credit card details, or a deposit payment, to secure a booking for supply of services prior to the work commencing.

PERSONAL DETAILS

TITLE: Mr Ms Mrs Miss Other:

FULL NAME:

COMPANY:

EMAIL:

PHONE:

PAYMENT DETAILS

JOB: [Type Job Details]

Visa Mastercard

TOTAL AMOUNT in AUD (GST incl.)

\$

CARD NO.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NAME ON CARD:

EXPIRY DATE: /

If upon completion of work, payment is not received on receipt of invoice, the Client agrees that Joe Wagner Group may use the credit card details to recoup the agreed value of the work performed.

SIGNATURE: