

CREDIT CARD AUTHORISATION

PAYMENT AUTHORISATION DETAILS

I hereby authorise Lucio's Pty Ltd to debit the amount of \$ _____ from the following credit card

Credit Card : AMEX / VISA / MC / DINERS (Please circle)

Please note that a surcharge of 2.5% applies to payment by Amex or Diners

Credit Card No:.....Expiry Date:

Name of Card Holder (please print).....

Signature of Card Holder..... Date:.....

Contact :Tel..... Fax.....

Email.....

This payment is for (please specify and note any restrictions/limits)

Please indicate here if you require a gratuity of _____% to be added to the total bill

PHOTOCOPY OF CREDIT CARD AND ID

For your protection against credit card fraud you must also provide us a with clear and legible photocopy of both the front and back of this credit card as well as your current drivers license.

OR DIRECT DEPOSIT

Time permitting payment can be made via direct deposit. Please email or fax details of deposit.

Bank	ANZ Paddington
BSB	012 362
Account No	3533 95503
Account Name	Lucio's Pty Ltd