



CREDIT CARD DEBIT AUTHORISATION FORM

FAX COMPLETED FORM TO 03 5338 7208

OR EMAIL TO info@combatzone.com.au

VER 1.1 | 20101006

Customer's name in full:

Booking Date—Time & Session Date: / / Time:

I / We request Combat Zone to debit my/our credit card account for the amount/s detailed below.

Please select one of the following options:

Full Payment Amount \$ _____

\$100 Deposit To secure game date

Final Payment Amount \$ _____

Please FAX, EMAIL or MAIL this Credit Card Debit Authorisation Form WITH your booking form to:

Credit Card Number:

Card Type Visa Mastercard Bank Card

Card Expiry: ____ / ____

C.C.V Number:
Credit Card Verification Number
3 digit number on rear of card

Name of account which is to be debited:
(Name on card)

Receipt is to be: Faxed Provided on Game Day Mailed

Customer's Signature: I have read, understood and accept this Credit Card Debit Request Agreement and the booking conditions of Combat Zone.

Signature _____ Date ____/____/____

COMBAT ZONE
FAX: 03 5338 7208
EMAIL: info@combatzone.com.au
MAIL: PO BOX 36, Mt Clear, VIC 3350

Office Use Only

Date:	Amount:	Approval Code:	Signed