



Credit Card Payment Request

Ground Floor, 867 Main Street Woolloongabba QLD 4151
P O Box 1475, Coorparoo QLD 4151
Tel 07 3330 4272, Fax 07 3405 5345
ABN 59 020 847 551

Client Details

Name: _____

Address: _____

State: _____ Postcode: _____

Telephone: (_____) _____ Fax: (_____) _____

Goods / Services Description

Lot and Plan Number	Quantity	Price (incl. GST)
<input type="checkbox"/> Receipt Required		\$ _____

OFFICE USE ONLY	Received By:	Received By (Name)	Date	
	<input type="checkbox"/> Fax <input type="checkbox"/> Post <input type="checkbox"/> Telephone	Receipt No.		

"The Department of Mines and Energy is collecting this information on this form for the purpose of processing DME transactions only. It will not be used for any other purpose. This information is accessible by authorised departmental officers and your personal information will not be disclosed to a third party without your consent unless required to do so by law or for the purposes of Information Standard 42"

Payment Details

Client Name: _____ Receipt No. _____

Payment Type: ☐ Mastercard ☐ Visa (Please Tick)

Amount of Payment \$.....

Card Number _____ | _____ | _____ | _____

Expiry Date /

Cardholder's Name Phone No.

Cardholders Signature Date / /