



Gift Voucher Credit Card Authorisation Form

Flying Fish Fax: 02 9660 9026

Email: info@flyingfish.com.au

Your name: _____

Your contact number: _____

| | |
|---|---|
| Credit Card Authorisation | Gift Voucher Amount \$ _____ |
| plus express postage \$4.50 | TOTAL \$ _____ |
| Please note, payments made by credit card incur a 1.5% processing fee | |
| Type of Card: | AMEX Bank Card Visa MasterCard Diners Card |
| Name of Cardholder: _____ | |
| Card Number: _____ | |
| Expiry Date: ____/____ | |
| Security Code (required for all cards): _____ | |
| Inscription (you would like printed on voucher - if applicable): _____ _____ _____ | |
| I, _____, authorise Flying Fish to debit my credit card for the above goods/ services | |
| Signature: _____ | Date: _____ |
| Address to Post the Voucher: Please note, should you wish to have voucher posted, \$4.50 Express Post postage applies | |
| Otherwise please arrange to have the voucher collected from Flying Fish Name of person who will be collecting voucher (if applicable): _____ | |
| Address to Post Credit Card Receipt (if applicable): _____ _____ | |

| | |
|-----------------------|-----------------------|
| OFFICE USE | |
| VOUCHER NUMBER: _____ | DATE PROCESSED: _____ |
| | CASHIER: _____ |