|  |
| --- |
| Credit Card Payment Option Form |
|  |

Fill in payment details and information requested.

Brimbank City Council

T 9249 4000

F 9249 4351

W brimbank.vic.gov.au

E info@
 brimbank.vic.gov.au

Name of

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |       | Family name: |      |
| Address: |       |
| Suburb: |       | Postcode: |      |
| Phone (day): |       | Mobile: |       |
| Email: |       |  |  |

Payment of Application fee for (please tick):

* Freedom of Information Application – SUB/029453

Please attach copy of forms / applications / account to this form and:

* **Post to Brimbank City Council PO Box 70 Sunshine Vic 3020**

OR

* **Scan and Email to** **info@brimbank.vic.gov.au**

Credit card payment

|  |  |  |  |
| --- | --- | --- | --- |
| Please charge my credit card for the amount of  | **$**  |  |  |
| Master Card **[ ]**  | Visa Card **[ ]**  | Expiry date: |   /   |  |
| Name: |       | Signature: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Credit card no: |   |   |   |   | **-** |   |   |   |   | - |   |   |   |   | - |   |   |   |   |

 **GL CODE: 961**