|  |
| --- |
| 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**](mailto: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**