

AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC

F018 Credit/Debit Card Authorisation



ABN 53 412 417 012

Payment Details:

I wish to pay by Visa MasterCard American Express Please contact me for CC details

Phone No: _____

Card No:

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CVV:

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Cardholder's Name: _____

Expiry: _____

/

Cardholder's Signature: _____

Amount: \$ _____

Please detail any payment: _____

Send to: ASRA Registrar PO Box 3070 Mandurah East WA 6210 registrar@asra.org.au Mob. 0407 929 479

ASRA Form F018 Credit Card Authorisation

Published Data: - 12 May 2020

Page 1 of 1

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