IVR Authorisation Service

Mail Order and Telephone Order Transaction Schedule

VISA   MasterCard

TRADING NAME:

ADDRESS:

SUBURB:

CITY: POSTCODE:

PHONE:

Date: ..../........./...............   Merchant Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

	Credit Card Number	Expiry Date	Name of Cardholder (Initials and Surname)	Amount $	Authorisation Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

TOTAL [   ]