

IVR AUTHORISATION SERVICE SALES VOUCHER

CARD NUMBER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXPIRY DATE:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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CARDHOLDER NAME:

TRADING NAME:

ADDRESS:

SUBURB:

CITY:

POSTCODE:



PHONE:

MERCHANT NUMBER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I ACKNOWLEDGE RECEIPT FOR GOODS AND SERVICES AND LIABILITY FOR CHARGES AS RECORDED HEREON.

PLEASE RETAIN IN FILES FOR 18 MONTHS

  CREDIT CARD SALES VOUCHER		DEPT. No.	CLERK'S No. & INITIALS	
DESCRIPTION		QTY.	UNIT COST	NZ \$ AMOUNT
TAX INVOICE				
DATE	AUTHORISATION NUMBER	SUB TOTAL		
SALE CONFIRMED AND VOUCHER ACCEPTED		TAX/ MISC.		
X CARDHOLDER'S SIGNATURE		TOTAL GST Incl.		

SALES VOUCHERS MUST BE PROCESSED WITHIN THREE BANK BUSINESS DAYS OF THE TRANSATION