

CREDIT CARD AUTHORISATION FORM



Customer Details

Company Name _____

ABN _____

Address _____

Suburb _____ State _____ Post Code _____

Phone _____ Fax _____ Mobile _____

Email _____

Payment Type **Bankcard** **MasterCard** **Visa**

Credit Card Number: Expiry Date: ___/___/___

Name of Cardholder: _____

Signature of Cardholder: _____

Company Position (Managing Director etc): _____

Collection / Delivery

Please select ONE of the following

Collect from Casuarina Square Customer Service Desk

Collection Date: ___/___/___ Approx time: _____ am/pm **(please allow at least 24 hours)**

By: _____ (name of company representative)

Please deliver to: _____ Delivery Charges: Courier* \$9.90

Registered Post \$3.30

Express Post \$4.40

* Courier delivery only available to Darwin & Palmerston Monday to Friday

Gift Card Denominations

Recipient	\$Amount	Quantity	Issuance Fee (\$1.50 per Gift Card)	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Delivery Charge	_____
			TOTAL	_____

For bulk orders, please complete Additional Form - see reverse of form

Authorisation

I authorise "GPT" (the trading name of GPT Management Holdings Limited (ABN 67 113 510 188) GPT RE Limited (ABN 27 107 426 504) as responsible entity of the General Property Trust, any of their subsidiaries and appointed agents) to charge the credit card number below for the amount of \$_____ (TOTAL from above) as payment for the purchase of a GPT Gift Card.

PLEASE NOTE:

- We are unable to accept Diners Card / American Express
- Suitable Identification must be presented upon collection of the GPT Gift Card
- A \$1.50 issuance fee will be charge for each GPT Gift Card

PRIVACY NOTICE

The personal information you have provided to GPT by completing this credit card authorisation form will be used for the purpose of administering and issuing gift cards. We may disclose your personal information to our related entities, business partners and third party service providers and their employees. The use and disclosure of this information will be subject to the restrictions imposed on us by the Privacy Act 1988.

Subject to the provisions of the Privacy act 1988, you may access your personal information held by us by contacting Letchimi Balasubramaniam at Casuarina Square, Trower Road, Casuarina NT 0810. An access fee may be charged to cover our costs of providing the information to you.

A copy of our Privacy Statement can be found at our website { HYPERLINK "http://www.casuarinasquare.com.au" } If you would like a copy of our Privacy Statement forwarded to you, please contact Letchimi Balasubramaniam at Centre Management on (08) 8920-2345.

Please fax completed form to (08) 8927-8361

ADDITIONAL FORM

Card Message to be included for Recipients

Bulk Order Recipients

	Recipient	\$Amount	Quantity	Issuance Fee (\$1.50 per Gift Card)	Total
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
				Delivery Charge	_____

Please copy should you require more Gift Cards.