



Credit Card Payment Authority

Client: _____

Name on Card: _____

Phone No. _____

Type of Card _____

Card No. _____

Expiry Date: _____

CCV: _____

Authorised
Registration Vehicles: _____

Authorisation

Name: _____

Date: _____

Signature: _____

Phone: _____

Email: _____

Please complete and return to: sonia@ecorr.com.au; weighbridge@ecorr.com.au;

Please ensure you state above under "authorised registration vehicles" specified registrations otherwise these details will be utilised by any driver whom claims to be tipping for this company at your expense.