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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | | | |
| Instructions You must include this form with any emailed applications or requests that require payment. You must ensure the amount stated below is the same as what you have been quoted.  If you are submitting your credit card details through email, we recommend you submit it through this form as an attachment rather than in the email’s subject line or body. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Card holder name | |  | | | | | | | | | | | | | | | | | | | | | | | |
| (Print full name as it appears on the card) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Card number | |  |  |  |  | - | |  | |  |  |  | | - |  |  | |  | |  | - |  |  |  |  |
| (We only accept Visa and MasterCard) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expiry date | |  |  | - |  | |  | |  | | | | | | | | CSV | | |  |  |  |  | | |
| Total amount | | $ | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Email | |  | | | | | | | | | | | | | | Phone | | | | |  | | | | |
| I, the authorised card holder, certify that I am over 18 years of age and authorise **Building Advisory** **Services** to debit my credit card for a once-off payment of the amount shown above. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | | | | | | | Date | | | | |  | | | | |
| Further information If you have any questions or concern about the security of your details, please contact Building Advisory Services directly on 08 8999 6435 or email at [bas.files@nt.gov.au](mailto:bas.files@nt.gov.au) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office use only^ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt number^ | |  | | | | | Date processed^ | | | | | |  | | | | | | Date by^ | | | |  | | |
| End of form | | | | | | | | | | | | | | | | | | | | | | | | | |