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| **Electronic Payment Form** |
| **Please provide this form with your application.**  |
| **Card Details** |
| CARDHOLDER’S NAME |  |
| MASTERCARD [ ]  | VISA [ ]  |
| CARD NUMBER: |   |
| EXPIRY DATE: |  | CVV: |  |
| **Applicant’s details** |
| Name: |  |
| Address: |  |
| Email:  |  |
| Phone number: |  |
| **Amount due** |
| TOTAL AMOUNT | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Authorisation** |
| I authorise the Civil Registry, Supreme Court of the Northern Territory to charge my credit card for payment of the relevant fee. |
| Card Holder’s Signature |  | Date: \_\_\_/\_\_\_\_/\_\_\_\_ |

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| **OFFICE USE ONLY** |
| File Reference: |  | Receipt no. |  |
| Processed by: |  | Date Processed: |  |