



DETAILS OF APPLICANT

COMPANY/GROUP:

GIVEN NAMES:

LAST NAME:

CONTACT NUMBER:

EMAIL ADDRESS:

ADDRESS:

DATE OF EVENT:

I, _____ authorise the Shire of Waroona to use the below credit card details for a pre-authorisation deposit payment. *

NAME ON CARD:

CREDIT CARD NUMBER:

EXPIRY:

CCV:

DATE:

SIGNATURE:

*Please allow up to 14 days for the release of bond payments following confirmation from our maintenance / cleaning staff that the venue has been left clean, and no damage has occurred. In the case of a bond deduction being necessary following the event, the Shire of Waroona will advise prior to deducting the amount from the bond deposit. Should the Shire of Waroona determine a claim for recovery costs that is greater than the bond amount, an Invoice will be raised for the balance of funds.

OFFICE USE ONLY

RECEIVED BY:

BOOKING NUMBER:

SIGNATURE:

DATE: