

# Credit Card Authorisation

*For online entries*

## ENTRY INFORMATION (SO WE CAN IDENTIFY YOUR ONLINE ENTRY)

Competitor Name:		Preferred Race No:	
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## CATEGORY ENTERED (CIRCLE)

Touring Car Challenge	Muscle Division	Formula Tasman	
Production Racing Cars	RocketSports	LeMans Sports	Other: _____

## ROUND SELECTION

I authorise payment to be processed for the following rounds (either on receipt of this form, or at the opening of entries, whichever occurs first): (tick between 1 and 6 rounds)

R1 - SMP - GP South <input type="checkbox"/>	R2 - SMP - GP Circuit <input type="checkbox"/>	R3 - SMP - GP South <input type="checkbox"/>
Other, please specify <input type="checkbox"/>		

## CREDIT CARD DETAILS

Card Type: Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	Expiry: _____ / _____
Cardholders Name: _____		
Card Number: _____		
Signature: _____	Amount: _____	/round
Date: _____ / _____ / _____	x	rounds

## ADMINISTRATIVE DETAILS

Return completed form to:



Mail: iRace  
5/73 Sheppard Street  
HUME ACT 2620



FAX: 02 6260 2544