**Kimberley Designated Area Migration Agreement**

**Payment Authorisation – 29 March 2022**

|  |  |  |  |
| --- | --- | --- | --- |
| Payer details: | | | |
| Contact Name: | | | |
| Business Name: | | | |
| A.B.N: | | | |
| Phone: | Email: | | |
| Postal Address: | | | |
| Suburb: | | State: | Postcode: |

|  |
| --- |
| **Purchase Information**  *(please outline the number of positions submitted as part of the request for endorsement and whether you are a member or not)* |
|  |
| TOTAL AMOUNT PAYABLE:  *EKCCI member fee (per position): $*  *EKCCI non-member fee (per position): $* |

|  |  |
| --- | --- |
| Please select how you would like to pay.  ***Please note: Credit card charges will incur a fee of 1.8%*** | Invoice  Credit card  NB: If you would like to pay via credit card please complete the section below. |

|  |  |
| --- | --- |
| **Payment information (*Mastercard and Visa Accepted)*** | |
| Mastercard / Visa (please circle)  Card No:  CVV No: | |
| Expiry Date: | Cardholder’s Name: |
| TOTAL Amount: $ | *I authorise the EKCCI to charge my credit card for the total amount outlined.*  Signature: |

Office use only:

|  |  |
| --- | --- |
| Payment date: |  |
| Invoice number: |  |