

VENUE HIRE PAYMENT FORM



APPLICANT DETAILS			
Title:	Given Name(s)	Surname / Last Name	
Mr/Mrs/Ms/Dr Other:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Company name: <input style="width: 100%;" type="text"/>			
Contact Address: Unit / House - Number			
	<input style="width: 50%;" type="text"/>	/	<input style="width: 50%;" type="text"/> - <input style="width: 50%;" type="text"/>
Street or PO Box: <input style="width: 100%;" type="text"/>			
Suburb: <input style="width: 100%;" type="text"/>		State: <input style="width: 50%;" type="text"/>	Postcode: <input style="width: 50%;" type="text"/>
*Daytime Phone: <input style="width: 50%;" type="text"/>	*Fax: <input style="width: 50%;" type="text"/>	*Mobile: <input style="width: 100%;" type="text"/>	
*Email: <input style="width: 100%;" type="text"/>			
Method of Payment (please tick): <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card (complete section below if credit cardholder is not the applicant).			
The cardholder authorises payment for the amount specified. In the event of a refund the cardholder will be the recipient of the fund.			
_____ Cardholder's Printed Name		_____ (Date)	
_____ Cardholder's Signature			
<i>*Voluntary information only. (Assists with timely processing of your application. See Privacy and Personal Information Act Statement)</i>			

Type of function:..... **Room:**..... **Hire Date:**

Deposit: \$ **OR Total Amount (includes GST): \$**

PRIVACY AND PERSONAL INFORMATION ACT, 1998
Your personal information is being collected to process this application. The supply of personal contact information by you [marked with an asterisk (*)] is voluntary. If you cannot provide or do not wish to provide this information, the Council may not be able to process your application. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. This application form and the information contained in it is accessible to the public upon enquiry, noting that information contained within a credit card authority form, where applicable, is not held by Council after the transaction is processed and the authority form is destroyed.

Method of Lodgement:

CHEQUE: Attach to this completed form; mail to PO Box 211, Spit Junction, 2088
 CREDIT CARD: Fill in details and follow instructions on the attached Credit Card Authority Form
 IN PERSON: At the Mosman Art Gallery & Community Centre, Cnr Art Gallery Way & Myahgah Rd, Mosman, Monday to Friday 10am - 5pm, except public holidays.

OFFICE USE ONLY			
<input type="checkbox"/> Deposit - Trust Account No. T9395	Amount: \$ _____		
<input type="checkbox"/> Total Amount – Account No. 1100507.1644.015	Receipt Code: 197	Amount: \$ _____	
Receipt No: _____	Date: / /		
Details Checked By: _____			



Client Questionnaire

How would you rate the following at the Mosman Art Gallery & Community Centre?

Please tick (✓) appropriate box:

Customer Service: Excellent Very Good Good Fair Poor
(e.g. administration, staff, coordination)

Facilities: Excellent Very Good Good Fair Poor
(e.g. furniture, equipment)

Overall Rating: Excellent Very Good Good Fair Poor

Other Comments: _____

Thank you

Credit Card Authority Form

This form is to be submitted in conjunction with the application form.

Refer to application form for Method of Lodgement.

This credit card authority form is destroyed after the transaction is processed and no information contained therein is retained by Council.

Credit Card Details - Council Payment Fax No. (02) 9978 4299

This form cannot be emailed to Council.

Please charge my American Express Master Card Visa

Card number

Card holder's name Expiry Date /

Amount \$ Phone () daytime

Signature

Please note that American Express, Mastercard and VISA incur a 1% service fee.

**THIS PAGE IS NOT TO BE SCANNED,
COPIED, EMAILED OR REPRODUCED
BY COUNCIL**