



MOSMAN MARKET

Sydney's premier artisans market

Mosman
COUNCIL

PAYMENT FORM

APPLICANT DETAILS

Title:	Given Name(s)	Surname / Last Name	
Mr/Mrs/Ms/Dr	<input type="text"/>	<input type="text"/>	
Other:	<input type="text"/>	<input type="text"/>	
Company name:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
*Daytime Phone:	<input type="text"/>	*Mobile:	<input type="text"/>
*Email:	<input type="text"/>		

Stall Number: _____ **Market Date:** _____

Fees are \$94 (inc. GST) for General Art & Craft stalls and \$153 (inc. GST) for Prepared Food stalls

Method of Payment (please tick): ☐ Cash ☐ Cheque ☐ 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 _____

**Voluntary information only. (Assists with timely processing of your application. See Privacy and Personal Information Act Statement)*

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.

Payment Methods

- ◆ CHEQUE – attach to this completed form and mail to **Mosman Council, PO Box 211, Spit Junction, 2088**
- ◆ CREDIT CARD – fill in details below and fax to 9978 4135 or mail to **Mosman Council, PO Box 211, Spit Junction, 2088.**
- ◆ IN PERSON – at the Cashier, Mosman Municipal Council, Civic Centre, Mosman Square, Mosman Monday to Friday 8.30am – 5pm

OFFICE USE ONLY

Receipt Code: 118 Receipt No.: _____ Amount Paid: (inc GST) \$ _____
Date: / / Details Checked By: _____

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 <input type="checkbox"/>	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>
Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Card holder's name	<input type="text"/>	Expiry Date	<input type="text"/> / <input type="text"/>
Amount	\$ <input type="text"/>	Phone	<input type="text"/>
Signature	<input type="text"/>		

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

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