



Queensland Health
**APPLICATION FOR A POISONS SUBSTANCE AUTHORITY
CREDIT CARD PAYMENT FORM**

Sections 75 and 78 of the Medicines and Poisons Act 2019
Section 70 of the Medicines and Poisons (Pest Management Activities) Regulation 2021

Credit card payments – do not overwrite any digits

- This page should only be completed if payment is being made by Mastercard or Visa.
Note: American Express is NOT available
- Please ensure that this page is returned with the application only if paying by this method. **If not submitting this form with the application please provide identifying Licence/Application number.** Do not return this page if payment is being made by cheque or money order.
- If an error is made, cross through the digit using a single line and write the correct digit above and initial the change.
- If emailing application, **do not** include credit card details with this form. Call to pay over the phone or print this page and send via post.

Name of Applicant:				
Licence/Application number				
Prescribed fee:	\$	<input checked="" type="checkbox"/> Tick 1 box only	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Name on card (print)				
Expiry date:	___ / ___			
Signature of cardholder				

Card number:																				
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