

CREDIT CARD AUTHORISATION FORM

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf.

DATE: _____ REF No _____ ABN / ACN Number: _____

CLIENT'S TRADE NAME: _____

CLIENT'S FULL or LEGAL NAME: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Billing Address: _____ Physical Address: _____

State: _____ Postcode: _____ State: _____ Postcode: _____

CREDIT CARD AUTHORISATION

Visa Mastercard

Card Holders Name: _____

Card Number:

Expiry Date:

I authorise Topdeck Scaffolding Pty Limited Limited to arrange payment of my account by debiting my credit card account the number of which is specified above.

I acknowledge that Topdeck Scaffolding Pty Limited may terminate this request at any time by written or verbal notice and I must adopt an alternative method of payment.

I have read and understand the GENERAL TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Topdeck Scaffolding Pty Limited which form part of, and are intended to be read in conjunction with this Credit Card Authority and agree to be bound by these conditions.

Cardholders Signature: _____ Date: _____