

CREDIT CARD AUTHORISATION FORM

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

DATE:		REF. No.	
Customer's Details: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other:			
Full or Legal Name:			
Trading Name:			
Physical Address:		State:	Postcode:
Billing Address:		State:	Postcode:
Email Address:			
Phone No:	Fax No:	Mobile No:	
Credit Card Authorisation:			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Diners			
Card Number:			Expiry Date:
CVC – 3 Digit Number on Back		CREDIT CARD DETAILS WILL BE DESTROYED AFTER PROCESSING.	
<p>I authorise MyScaffold Pty Ltd to arrange payment of my account as per details above, by debiting my credit card account as specified above.</p> <p>I acknowledge that MyScaffold Pty Ltd may terminate this request at any time by written or verbal notice and I must adopt an alternative method of payment.</p> <p>A surcharge per transaction may apply.</p> <p>I have read and understand the GENERAL TERMS AND CONDITIONS (overleaf or attached) of MyScaffold Pty Ltd which form part of, and are intended to be read in conjunction with this Credit Card Authorisation Form and agree to be bound by these conditions.</p>			
Cardholders Name:			
Cardholder's Signature:			Date: