

CREDIT CARD AUTHORITY

Full Name:

(or Company/Business name)

Card Type (please circle):

Visa

MasterCard

Card Number:

Expiry Date:

____ / ____ (mm / yy)

Security Code:

____ (the last 3 digits of the number printed on the signature panel)

Cardholder's Name:

Cardholder's Signature:

Please note that all payments made by Visa or MasterCard attract a service fee of 2% which will be added onto the invoice before charging your card.

I hereby authorise Aviso IT to use the provided Credit Card details to pay for invoices as and when they fall due. This authority shall stand, in respect of the provided Credit Card and in respect of any Credit Cards issued to me in renewal or replacement thereof, until I notify Aviso IT in writing of its cancellation.

Signed:

Date:

____ / ____ / ____ (dd / mm / yy)

Please send this form via email to accounts@aviso.com.au or by fax to (08) 9219 4656.

Alternatively you may post to:

Aviso IT

PO Box 3893

Success WA 6964

Please keep a copy for your records.