

CREDIT CARD AUTHORITY

AVISO IT ONLINE BACKUP SERVICE

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 **monthly** service invoices for the **Aviso IT Online Backup Service** do not attract a Credit Card service fee.

I hereby authorise Aviso IT to use the provided Credit Card details to pay for **monthly** invoices for the **Aviso IT Online Backup Service** 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.