

CREDIT CARD AUTHORIZATION FORM

PLEASE READ THIS BEFORE YOU CONTINUE: FORM MUST BE COMPLETED IN FULL, SIGNED BY AN AUTHORIZED USER OF THE CREDIT CARD, ALONG WITH A CLEAR COPY OF THE CREDIT CARD AND AUTHORIZED USER DRIVER'S LICENSE OR PASSPORT PAGE SHOWING SIGNATURE AND PICTURE, FAXED TO (02)9402 9681 AND RECEIVED BY US BEFORE ANY ORDER CAN BE MADE. IF YOU FAIL TO COMPLY WITH THESE REQUIREMENTS WE WON'T BE ABLE TO PROCESS YOUR ORDER.

_____ BY EXECUTING THIS
(NAME AS IT APPEARS ON CREDIT CARD)

AGREEMENT UNCONDITIONALLY AUTHORIZES AUSTIMPEX PTY LTD ACCESS SYSTEMS TO CHARGE THE FOLLOWING CREDIT CARD:

CREDIT CARD TYPE: (Circle One)



CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CV 2 Code: _____ (Example below - Back of Card)

FOR THE AMOUNT OF: \$ _____

CARDHOLDER'S BILLING ADDRESS (Required):

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROVINCE: _____ COUNTRY: _____

BILLING: AREA CODE AND TELEPHONE No.: _____

DELIVERY ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROVINCE: _____ COUNTRY: _____

AREA CODE AND TELEPHONE No.: _____

ORDER NUMBER: _____ By: _____

CARDHOLDER AUTHORIZED SIGNATURE

DATE

I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION MADE IN THE AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUES OR DISPUTES CONCERNING THIS TRANSACTION I WILL NOTIFY Austimpex P/L TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.

