

CREDIT CARD BILLING AUTHORISATION FORM



Credit Card Billing Information	
Business Name:	
Person Authorising:	
Credit Card Type: (please tick) Visa [] MasterCard []	
Credit Card Number:	CVC number: (Last 3 digits on back of card)
Name on Credit Card:	Card Expiry Date:
Billing Address:	
Phone Number: ()	

Select one of the following payment options: (please tick)	
<p>Once: []</p> <p>Ongoing: [] Please keep the credit card on file and contact me prior to payment being processed.</p>	<p>Bill my credit card once for the following amount: \$.....</p> <p>OR</p> <p>Please apply payment to the following Invoice #</p>
<p>Applicant agrees that all information provided is accurate and complete. Disputes for amounts invoiced should immediately be reported to 1300 651 492 or info@kmjshoes.com.au Changes in the status of this card can also be reported to 1300 651 492 or info@kmjshoes.com.au</p> <p>The undersigned is the duly authorised representative of the [business name].....above.</p> <p>Authorised Signature:</p> <p>Date:</p>	