

PAYMENT/CREDIT CARD AUTHORITY FORM

PRE-AUTHORISATION ON DIRECT DEBIT OR CREDIT CARD PAYMENTS

I, _____ (name of client) of

_____ (name of company) of

_____ (address)

in the State of Victoria postcode **HEREBY AUTHORISE** Divine Telecom of Ground Floor, 23 Milton Parade, Malvern VIC 3144 to deduct payment from the following Credit Card/Bank account on account of the recurring monthly costs for Telecommunications.

NAME OF CREDIT CARD: _____

CREDIT CARD NO.: _____/_____/_____/_____

EXPIRY: _____

THREE DIGIT SECURITY CODE (CCV): _____

OR

Account Name: _____

BSB: _____

Account Number: _____

DATED: _____

SIGNED: _____

NAME OF CLIENT: _____

Private - Confidential