

CREDIT CARD PAYMENT AUTHORISATION FORM

NEXUS TECHNOLOGY (AUST) PTY LTD

208-210 LA TROBE STREET
MELBOURNE, VIC 3000
TEL: (03) 96639988
FAX: (03) 96639955
EMAIL: SALES@NEXUS.COM.AU

ACCOUNT INFORMATION

CUSTOMER NAME: _____

COMPANY: _____

CONTACT NUMBER: _____

AUTHORISATION

I hereby authorise NEXUS TECHNOLOGY (AUST) PTY LTD to debit the Credit Card identified below:

For the amount: \$ _____

Signed: _____ Date : _____

CREDIT CARD INFORMATION

Credit Card Number: _____ Expiry Date: _____

CCV Number (located at the back of the Credit Card): _____

Name on Card (Please Print): _____

Card Holder's Signature: _____

Please Circle: **VISA** **MASTERCARD** **AMEX**

- **A 3% surcharge is payable on all credit card transactions**
- **Please ensure that all requested information is provided and that all sections of this form have been completed.**
- **Please Fax/Email the completed form *with an attached copy of the card holder's Drivers Licence.***