

managed solutions PTY LTD

ACN 083 782 763

computer networking • internet connectivity • software support
hardware maintenance • cabling & communications • training and support

CREDIT CARD AUTHORITY

Please complete the following and fax to:

ATTENTION: Accounts Department
FAX NUMBER: 07 3812 1751
CUSTOMER NAME: _____
CONTACT: _____
PHONE NUMBER: _____
FAX NUMBER: _____

I hereby authorise you to debit the following credit card on an ongoing basis 7 days after your invoice date. This authority will remain in force until I advise you otherwise in writing. I understand that a 2% surcharge applies to AMEX payments.

CREDIT CARD DETAILS:

BANKCARD MASTERCARD VISA AMEX

NAME ON CARD: _____
CREDIT CARD NUMBER: _____
EXPIRY DATE: _____
CARDHOLDER'S SIGNATURE: _____

managed solutions

P.O Box 530, Ipswich, Qld, 4305.

Sales & Administration

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fax 07 3812 1751