

SmartCom Computer Solutions Credit Card Payment Authorisation Form

SmartCom Computer Solutions Pty Ltd
Unit 8 26-28 Roberna St
Morrabbin 3189
Email : sales@smartcom.com.au
Tel: 95536199
Fax: 9553 6198

ACCOUNT INFORMATION

Customer Name _____

Company _____

Contact Number _____

CUSTOMER AUTHORITY

I hereby authorize SmartCom Computer Solutions Pty Ltd to debit my Credit Card identified below for the amount of :

\$ _____

Signed _____

Date ____/____/____

CREDIT CARD INFORMATION

Card Number _____ Expiry Date ____/____/____

Name On Card (Please Print) _____

Card Holders Signature _____

Card Type (Please Circle) VISA MASTER CARD BANKCARD

- 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 License**