



Premier Furniture Supplies Pty Ltd
ABN 19 072 548 700
PO Box 11, Croydon NSW 2132
Ph: (02) 9792 4066
Fax: (02) 9792 4074
www.premiergroup.com.au

CREDIT CARD DEBIT AUTHORITY

Form must be completed in full, signed by an authorised user of the credit card.

*By signing this form you hereby give **Premier Furniture Supplies Pty. Ltd.** the authority to charge the below credit card for purchases from Premier Furniture Supplies Pty Ltd. Charges will only be made in payment of confirmed orders and will only be processed upon your authorisation.*

Please note: A copy of your credit card receipt will be provided for your records, this proof of purchase will be supplied along with goods, attached to the Premier invoice.

No surcharge applies when paying per invoice. A 2% surcharge applies to 14/30 day account payments paid by credit card.

*Please return this form in person or mail to: **PO Box 11 Croydon NSW 2132***

Date: ____/____/____

Company Name: _____

CARD DETAILS (Required)

_____ BY EXECUTING THIS AGREEMENT
(NAME AS IT APPEARS ON CREDIT CARD)

AUTHORISES **PREMIER FURNITURE SUPPLIES PTY LTD** TO CHARGE THE BELOW CREDIT CARD.

Credit Card Type (Please Circle): VISA MASTERCARD

Credit Card Number: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Expiration Date: ____ ____ / ____ ____ CVV (Last 3 Digits on Back): ____ ____ ____

CARDHOLDER'S CONTACT DETAILS (Required)

Billing Address: _____

State: _____ Postcode: _____

Phone: _____

COMPANY CONTACT DETAILS (If Different From Above)

Billing Address: _____

State: _____ Postcode: _____

Phone: _____

ACKNOWLEDGEMENT

I certify that the above statements and information made in the agreement are true and correct to the best of my knowledge. I also certify that I am authorised to effect charges to the above credit card.

SIGNATURE OF CARDHOLDER

DATE