

Credit Card Payment Form

TREADWELL™Treadwell Group Pty Ltd
ABN 40 140 529 200

P 1800 246 800

F 1300 763 521

E sales@treadwellgroup.com.au

Please read this application carefully and ensure all questions are answered fully.

INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

WARNING: If you do not understand this document, you should seek independent legal advice. Please do not use correction fluid or tape as this is a legal document. Any corrections should be crossed out and initialled.

Credit Cardholder Information			
Name On Credit Card:			
Type Of Card:	<input type="radio"/> VISA	<input type="radio"/> Master Card	<input type="radio"/> AMEX
Card Number:			
Expiration Date:		CSV Number:	
Billing Address:			
State:		Postal Code:	
Phone:		Email:	

Authorised User Of Credit Card	
Name:	
Company:	
Phone Number:	
Email Address:	
Order Number:	
Item(s) Purchased:	
Authorised Amount:	
Invoice Number:	
Date Of Charge:	

Authorisation Of Card Use

- I certify that I am the authorised holder and signer of the credit card reference above. I certify that all information above is complete and accurate. **Note: If you have not included the 1.8% surcharge + GST, this will be added.**
- I hereby authorise collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORISED AMOUNT" field which includes the 1.5% surcharge and GST. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorised a new form will have to be completed.

Card Holder Name:			
Signature:		Date:	