

CREDIT CARD PAYMENT FORM

When complete, please forward to accounts@skopeit.com.au

PAYMENT TERMS:

All AMEX payments incur a 4% service fee which will be charged with invoice payment.
Visa/Mastercard payments incur a 1% service fee which will be charged with invoice.
Visa/Mastercard payments made out of terms attract a transaction fee of 2.5%.

Suite 2 / 32 West Thebarton Rd
Thebarton, SA 5031
Ph: 1300 898 653
www.skopeit.com.au

ABN: 53 908 105 794

COMPANY/CLIENT NAME			
CARDHOLDER DETAILS:			
CARD TYPE	MASTERCARD _	VISA ____	AMEX ____
CARD NUMBER			
CARD VALIDATION NUMBER			
EXPIRY DATE			
CARD HOLDER'S NAME			
CARD HOLDER'S FULL ADDRESS			
CONTACT NUMBER			

ONE-OFF PAYMENT AUTHORITY

INVOICES PAYABLE (PLEASE SPECIFY INVOICE NUMBER AND AMOUNT)

_____	for \$ _____	_____	for \$ _____
_____	for \$ _____	_____	for \$ _____

I authorise Skope IT to debit the above account with the amount shown above, plus any additional applicable charges.

CARD HOLDER'S SIGNATURE _____ DATE _____

RECURRING PERIODIC PAYMENT AUTHORITY

DESCRIPTION OF SERVICES _____

DEBIT OF \$ _____.

TO BE PROCESSED COMMENCING ____/____/____

AND EACH FOLLOWING MONTH ____ QUARTER ____

I hereby authorise Skope IT to debit my Credit Card Account with the approved amount and at the intervals specified above, and in the event of any change in the charges for these services, to alter the amount from the appropriate date in accordance with such change. This authority will stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify Skope IT in writing of its cancellation. Card surcharges will be waived under this periodic payment agreement.

CARD HOLDER'S SIGNATURE _____ DATE _____

OFFICE USE ONLY

Authorisation Number:

Date Processed: