

CONFIDENTIAL
CREDIT CARD PAYMENT AUTHORITY

CLIENT NAME: _____

CARDHOLDERS NAME: _____

TYPE OF CARD: (please circle one) VISACARD / MASTERCARD

CARD NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRY DATE:

--	--

 /

--	--

SECURITY PIN

--	--	--

TYPE OF INSURANCE: _____

AMOUNT: \$ _____

Please note an additional 1% Merchant fee is charged on all Credit Card payments

I hereby authorise Insurance Advisernet Australia Pty Ltd to utilise the above credit card details via their Pay by Phone Service to pay the premium for the insurance noted above as soon as an invoice is raised.

CARDHOLDERS SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

CLIENT NO: _____

BRANCH NO: _____

INVOICE NO: _____

AMOUNT TO BE DEBITED: _____

DATE OF TRANSACTION: _____

TRANSACTION NO: _____

ABR SIGNATURE: _____

ABR NAME: _____