

CREDIT CARD ONE-OFF CASUAL PAYMENT AUTHORITY

By signing this document, I/We authorise: **Solutions Outsourced Pty Ltd**
with ABN **41 101 179 079** to debit my/our credit card, detailed in the Schedule below.

This authority is for 1 payment only as outlined below.

The Schedule

Customer Name: _____

Cardholder Name: _____

Credit Card Number: _____ / _____ / _____ / _____

Expiry Date: __ __ / __ __ CCV: _____

Payment Amount: \$_____. ____

Payment Details: _____

Only persons authorised to operate the credit card must sign here:

Signed: _____ Date: _____

Signed: _____ Date: _____

Casual Payments are gladly accepted. Payments will:

- be applied to your card when we receive your payment instructions
- attract a credit card surcharge:
 - 1.25% for Visa & Mastercard
 - 2.75% for American Express



VISA

