

## CONDITIONAL CREDIT CARD 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. I/we must pay you when due under the arrangement between us.

This authority is to remain in force until the Final Payment Date specified or further notice if no Final Payment Date is specified.

### The Schedule

Customer Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry Date: \_\_ / \_\_ CCV: \_\_\_\_

Maximum Debit Amount: \$\_\_\_\_,\_\_\_\_.\_\_\_\_

Frequency of Payments: \_\_\_\_\_

First Payment Date: \_\_/\_\_/\_\_\_\_

Payment Details: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_