

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: ____

Payment Details: _____

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

Signed: _____ Date: _____

Signed: _____ Date: _____

