



Ground Floor West Tower
 360 Dudley Street
 WEST MELBOURNE 3003
 T: 03 9629 6949 F: 03 9629 3470
 E: sales@ledermans.net.au
 ABN: 29 653 210 469

CREDIT CARD AUTHORISATION

Please pay all future invoices for:
Customer Number:
Name:
Address:

By Direct Debiting the following Credit Card:	
Name on Credit Card:	
Credit Card Number:	
Expiry Date:	Type of Card: VISA <input type="checkbox"/> Mastercard <input type="checkbox"/>
<small>*PLEASE NOTE, WE DO NOT ACCEPT AMERICAN EXPRESS OR DINERS CLUB</small>	
Signature of Cardholder:	

If the name on the credit card differs from the customer account holder please provide the following information and sign the statement below:	
Phone number of cardholder:	
Fax number of cardholder:	
I, _____ authorise Ledermans Newsagency, on behalf of _____ <small>(cardholder) (account holder)</small>	
to use the above credit card in payment of future invoices for this account.	

We are able to send you a receipt of your payment. Please tick the box of the method you would prefer and provide the appropriate details.		
Mail <input type="checkbox"/>	Fax <input type="checkbox"/>	No receipt required <input type="checkbox"/>

PLEASE FAX THIS FORM TO (03) 9629 3470