

Credit Card Payment Authorisation Form



**Complete IT Australia
Payment Processing Department
P.O Box 385
BELROSE NSW 2085**

**Tel : 1300 732 850
Fax : 02 8214 6449**

Thank you for shopping with Complete IT, please complete this credit card verification form for security purposes prior to your orders dispatch or collection. Please note that the acceptance of this payment authorisation form is subject to approval by management.

We encourage payment for orders via BPay or Direct Deposit (EFT).

Credit Card Holders Information

Type of Card (please tick) MasterCard Visa

Cardholders Name (please print) _____

Card Number _____ Expiry Date ____/____

Cardholders Signature (X) _____ CCV No: _____

Cardholders Drivers License number. _____ D.O.B _____

I hereby authorise **Complete Information Technologies Australia Pty Ltd** to debit the above credit card

For the amount of \$ _____ (Inc GST) being payment for order ID _____

Signed: (X) _____ **Date:** _____

IMPORTANT: For security reasons the following items must accompany this authorisation form and be either e-mailed, faxed or posted to our office.

- 1) Send a clear and legible photocopy of the front and back of the identified credit card.
- 2) Send a photocopy of front and back of the credit cards holders drivers license
- 3) Send a photocopy of proof of delivery address (phone bill, electricity bill or rates