



CREDIT CARD AUTHORITY

Full Name: _____
(or Company/Business Name)

Card Type (Please circle): VISA MasterCard

Card Number: _____

Expiry Date: ___ / ___ (mm / yy)

Security Code: ___ ___ ___ (The last 3 digits of the number printed on the signature panel)

Cardholder's Name: _____

Cardholder's Signature: _____

Address: _____

Suburb: _____

PostCode: _____ State: _____

Phone: _____ Mobile: _____

Please note that all payments made by Visa or MasterCard attract a 1.9% Credit Card service fee which will be added to the final amount of the invoice before charging your Credit Card.

I hereby authorise Dynamic Computer Solutions to use the provided Credit Card details to pay for invoices as and when they fall due. This authority shall stand, in respect of the provided Credit Card and in respect of any Credit Cards issued to me in renewal or replacement thereof, until I notify Dynamic Computer Solutions in writing of its cancellation.

Signed: _____

Date: ___ / ___ / ___ (dd / mm / yy)

Please send this form via email to support@dcsservices.com.au.

Alternatively you may post to:

Dynamic Computer Solutions
PO Box 399
North Perth WA 6906

Please keep a copy for your records.