



CREDIT CARD AUTHORITY

Dynamic Computer Solutions Online Backup Service

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 **monthly** service invoices for **DCS Online Backup Service** attract a 1.9% Credit Card service fee which will be added to the invoice amount before charging your Credit Card.

I hereby authorise Dynamic Computer Solutions to use the provided Credit Card details to pay for **monthly** invoices for the **Dynamic Computer Solutions Online Backup Service** 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.