

IntelliTrac

IntelliTrac Pty. Ltd.
ABN 31 238 398 354

Credit Card Direct Debit Request

Please Complete & Return Fax to 03 9466 7188

Request and Authority to debit the credit card named below to pay

IntelliTrac Pty Ltd

Request and Authority to debit

Surname or Company Name _____

Given Names or ACN/ARBN _____ (“you”)

request and authorise IntelliTrac Pty. Ltd. trading as IntelliTrac to debit or charge your nominated credit card each and every month for a minimum period of

_____ Months

Insert details of credit card to be debited

Type Of Credit Card Visa Mastercard

Name On Credit Card _____

Credit Card Number

|_|_|_|_|_|-|_|_|_|_|_|-|_|_|_|_|_|-|_|_|_|_|_|

Expiry Date MM-YY |_|_|-|_|_| CCV |_|_|_|

Acknowledgment

By signing this Credit Card Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and IntelliTrac Pty. Ltd. trading as IntelliTrac as set out in this Request and in your Direct Debit Request Service Agreement.

Payment Details

First Monthly Direct Debit Amount is \$|_|_|_|_|_|-|_|_|_|

Continuing Monthly Direct Debits Amounts are:\$|_|_|_|_|_|-|_|_|_|

You must notify us in writing and provide one month’s billing period notice of your intention to terminate this agreement and any other relevant agreements pertaining to this direct debit request.

Insert your signature and address

Signature _____

Address _____

Date ___ / ___ / ___

Office Use:-

Sales Person _____

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date Admin Received _____

Date ___ / ___ / ___

Processed By _____