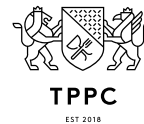


CREDIT CARD AUTHORISATION FORM



**THE
PAPER
PACK
COMPANY**

Once complete, please email this form to sales@tppcompany.com.au

CUSTOMER DETAILS

Business Name _____

Contact Name _____

Phone _____ Email _____

CREDIT CARD INFORMATION

Card Type MasterCard VISA AMEX Other _____

Cardholder Name (as shown on card) _____

Card Number

□□□□ - □□□□ - □□□□ - □□□□

Expiry Date (MM, YY)

□□ - □□

CVV / CID (3 or 4 digits)

□□□□

Billing Address of Cardholder _____

AUTHORISATION TYPE — *Tick one or both*


One-Time Payment Invoice No. _____ Amount \$ _____
and/or,

Ongoing Authorisation I authorise The Paper Pack Company to retain my card details and charge for future orders, recurring deliveries or scheduled payments (weekly, fortnightly or as invoiced), until revoked in writing.

AUTHORISATION

I authorise The Paper Pack Company to debit my credit card for Goods and Services supplied. I confirm I am the authorised cardholder or duly authorised to approve this payment. I understand that declined or reversed payments may result in suspension of supply and that Goods may be held until full payment is received.

For ongoing authorisation, I consent to The Paper Pack Company securely retaining my card details and charging my card for future orders or invoices until I revoke this authority in writing.

Signature _____  Date _____

Print Name _____

OFFICE USE ONLY

Processed by _____ Date _____