



Strategic Partner: 

## DTDC Australia Credit Card Authorisation Form

**If you wish to pay our invoice by credit card, please complete and return this document.**

**DTDC Reference Number :** \_\_\_\_\_

I, \_\_\_\_\_ authorise DTDC AUSTRALIA PTY. LTD. to bill my credit card for any additional weight difference or the following amount :-

**Please bill my credit card any additional weight difference    YES / NO (Circle)**

**\*Total Debit /Credit Card Transaction Fee                      A\$ \_\_\_\_\_**

Credit Card Number : \_\_\_\_\_

Expiry Date : \_\_\_\_\_

Type of Card :        Visa                      MasterCard

CVV Number : \_\_\_\_\_

Name Exactly as Printed on Card : \_\_\_\_\_

### **Cardholders Address**

Street : \_\_\_\_\_

Suburb : \_\_\_\_\_ State : \_\_\_\_\_ Postcode : \_\_\_\_\_

Signature of Cardholder : \_\_\_\_\_