



Strategic Partner:  dpdgroup

## 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 the following:-

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

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

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

Type of Card :        Visa                      MasterCard

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

### **Cardholders Address**

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

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

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