CREDIT CARD AUTHORISATION FORM

Account Details

Customer Number		ACN or ABN	
Company Name			
Billing Address			
	Suburb/City		Postcode
Contact Number			

Credit Card Details

Cardholder's Name				
Card Type	VISA/MASTERCARD		AMEX	
Card Number				
Expiry Date	/	Note: for security purposes, we do not request your CVC		

Card Holder Acknowledgement

By signing and returning this form, I acknowledge and agree to the following:

1. I request that Australia Internet Solutions T/A AINS Telecom (ABN 59 076 598 582) debit funds from the credit card shown on this form.
2. I confirm that I am the authorised holder of the credit card.
3. I authorise AINS to debit my credit card for payment of my monthly recurring invoices
4. I accept the credit card payment surcharge of 1.5% for VISA/Mastercard and 2.5% for AMEX
5. This authority commences immediately and will continue until such time I revoke authority by providing written notice to finance@ains.net.au

Cardholder's Name (Print in block letters)	
Cardholder's Signature	
Date of Authority	

PLEASE RETURN THIS FORM TO FINANCE@AINS.NET.AU OR YOUR ACCOUNT MANAGER

Level 5/101 Overton Road Williams Landing VIC 3207
Tel: 1300 887 877 | www.ains.com.au