

Postal Address: PO Box 2311, South Dunedin, DUNEDIN 9044
Physical Address: Unit 3/4 Strathallan Street, South Dunedin, DUNEDIN 9012

Email: accounts@prosigns.co.nz Web: www.prosigns.co.nz GST No: 105-785-642

Phone: (03) 455 6613

## **CREDIT CARD AUTHORISATION FORM**

To Be Completed By Applicants - Please complete all sections and read to	ne Terms and Conditions of	f Trade overleaf.	
DATE: REF. No.			
Your Details:			
Full or Legal Name:			
Trading Name:			
Physical Address:			Postcode:
Email Address:			
Phone No:	Mobile No:		
Credit Card Authorisation:			
□ Visa □ MasterCard	☐ Amex	□ Diners	
Card Number: Expiry Date: /			
CVC – 3 Digit Number on Back CREDIT CARD DETAILS WILL BE DESTROYED AFTER PROCESSING.			
I authorise Pro Signs Limited T/A ProSigns to arrange payment of my account as per details above, by debiting my credit card account as specified above.			
I acknowledge that Pro Signs Limited T/A ProSigns may terminate this request at any time by written or verbal notice and I must adopt an alternative method of payment.			
A surcharge per transaction may apply.			
I have read and understand the GENERAL TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Pro Signs Limited T/A ProSigns which form part of and are intended to be read in conjunction with this Credit Card Authorisation Form and agree to be bound by these conditions.			
Cardholders Name:			
Cardholder's Signature:		Date:	