

CREDIT CARD CHARGE AUTHORIZATION FORM

YOU ARE REQUIRED TO FULLY COMPLETE AND RETURN THIS FORM TO US WITHIN **5 DAYS**. YOUR COMPLETION OF THIS AUTHORIZATION FORM HELPS US TO PROTECT YOU, OUR VALUED CUSTOMERS, FROM CREDIT CARD FRAUD. ALL INFORMATION ENTERED ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL.

CUSTOMER'S INFORMATION

First Name: _____ Last Name: _____

Company Name: _____

Street: _____ City: _____

Postcode: _____ State/Province: _____ Country: _____

Telephone: _____ (Country code) _____ (Area code) _____ (Telephone Number)
(PLEASE PROVIDE A CONVENIENT PHONE NUMBER WHEREBY WE CAN CALL YOU EASILY TO VERIFY YOUR DETAILS)

Email address: _____

PLEASE TAKE NOTE : ANY TRANSACTION MADE BY US WILL APPEAR AS FLEXI E-SOLUTIONS PTY LTD IN YOUR STATEMENT.

CREDIT CARD INFORMATION

Card Type: - Visa - MasterCard - American Express

Issued by: _____ (Bank's name)

Cardholder Name: _____
(EXACTLY AS IT APPEARS ON THE CARD)

Credit Card No: - - -

Expiry date: / CW:

(CW IS THE LAST 3 DIGITS OF NUMBERS PRINTED IN THE SIGNATURE FIELD ON THE REVERSE SIDE OF THE CREDIT CARD)

By signing below, I declare that the information given on this form is true and correct. I agree and is aware that Perception Matters has the authority to charge my above said credit card for any service(s) render to me as per invoice. I agree to be bound by Perception Matters Terms and Conditions available online at http://www.receptionist.net.au/terms_and_conditions.html. I understand that should I dispute a charge through my credit card provider before giving reasonable notice to Perception Matters, it will constitute a breach of contract and will result immediate deactivation of all service(s) rendered by Perception Matters or any of its subsidiaries.

CARDHOLDER'S SIGNATURE

/ /
(DD/MM/YYYY)