

CREDIT CARD PAYMENT FORM

I, the Credit Card holder or Authorised Party (Print Name) _____

Of the Company (if a **Company Credit card**) _____

Give IJK International P/L permission to debit my credit card.

Type/Bank: _____/_____

Credit Card Number: _____

Credit Card Exp Date: _____

Total Amount: _____ Order Number: _____

Authorisation Signature: _____ Date: _____

Card Holder Address (As on the CC Statement, if different from order): _____

Credit Card Holders Contact Numbers (if not on order, **LANDLINE # of credit card holder REQUIRED**):

Tel (home): _____ Tel (work): _____ Mob: _____

This form is to be faxed to 02 9745 0977 with one of the required options below. Tick used option.

- (*1) If order is **under \$1500** and if one of these applies;
 - Details in the Whitepages match with delivery address and contact number
 - or if you are using a contactable work or ISP (internet service provider) email address on order (if not on order, write it on this form here ->)
- (2) If order is below **\$100**.
- (3) **Otherwise for all personal orders:** These things below are **required** to be attached:
 - The **Credit card (front & back)** and the credit card holders **Drivers Licence (front & back)** must be photocopied and attached to the credit card form.
 - If the order is **over \$1500** with no (*1) fulfilled, the **Credit card statement header** will be **required**.

OPTIONAL REQUEST TO KEEP DETAILS ON FILE

I give IJK International P/L permission to keep these details on file to be used upon request in future orders.

Signature: _____ and process payment **only** after total amount confirmation

(**Optional**: Send orders **without** freight confirmation Tick here:___)

Important Conditions: While we will endeavour to keep your details secure we cannot guarantee against or be held liable for unauthorised access. Therefore we strongly suggest you make the credit card payment online directly through Commbanks Secure website where the credit card details will only be processed by the banks secure processing facilities. By signing this form you agree to these conditions.