



Almax Information Systems

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Form CC-D

AUTHORITY FOR MONTHLY CREDIT CARD DEDUCTION

I, (name) _____, hereby authorise Almax Information Systems to deduct \$ _____ (including GST) a month from my credit card nominated below. By signing this form I acknowledge and agree that this deduction authority will remain in force until cancelled by me **in writing**, and I agree to the Billing Conditions as outlined below.

Billing Conditions

Our billing cycle is based on calendar months, or part-use thereof. If you wish to cancel, we ask that you advise us before the end of the current month, otherwise you will be billed for the next month. Cancellations must be submitted to us in writing by email to accounts@almax.com.au, fax or post, and will be confirmed by us.

Please charge my:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card Number	_____	
Expiry Date	___ / ___	
Name On Card	_____	
Signature	_____	

Today's Date ___ / ___ / ___

Postal Address

_____ State _____ Postcode _____

Daytime phone: _____

Email: (please print) _____

Client ID: _____