

Credit Card Authorisation Form

Version: 3.2

Ph: 1300 884 884

Fx: 02 4915 1577

In order for CUBE Voice & Data to accept and charge your credit card, please complete all fields below, sign, date and fax to 02 4915 1577 or post to PO Box 552 Hamilton NSW 2303. All information sent is strictly confidential and CUBE Voice & Data adheres to the highest standards of account data protection.

Customer Information: (as it appears on your invoice)																		
Company:								Nam	e:									
Billing Address:								•										
City:							State: Po						Code:					
Phone:								Fax:										
Email:																		
Service / Account Details: (please refer to your invoice and list below)																		
Account Number:						S	Service	ervice Number:										
Account Number:		Service Number:																
Customer Payment Information: (as it appears on your Credit Card)																		
Credit Card Type:		□ Visa (1.1% Fee)					□ MasterCard (1.1% Fee)					□ American Express (1.5% Fee)						
Cardholder's Name:									,									
Credit Card #:																		
Expiration Date:			/		2	0	·	CCV:										
Please read the Terms and Conditions below and check the box to acknowledge your acceptance with your initials:																		
 Recurring Billing: I hereby authorize CUBE Voice & Data to charge the indicated credit card monthly for fees associated with services provided, including if necessary, adjustments for any changes to my account. I agree that the periodic charge will be applied to my credit card according to my CUBE Voice & Data account billing cycle, due on or around the 14th of each month. By accepting these terms, you authorize CUBE Voice & Data to charge your credit card for current and future orders placed by you. This Recurring Payment Authorization shall remain in force until cancelled by me in writing, and in order to cancel the recurring billing process, I am required to contact CUBE Voice & Data one (1) month in advance to cancel the recurring payment or arrange for an alternative method of payment. I agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy the situation directly with CUBE Voice & Data. I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to enter into this recurring credit card billing agreement CUBE Voice & Data. Please initial here:															re cancel the rt to			
Authorization:																		
Signature of Card holder (Required): Date:																		