



CREDIT CARD AUTHORITY

Please complete and fax to 02 9310 1369 or mail to the address below

Company Name: _____

Address: _____

_____ Postcode: _____

Accounts contact person: _____

Phone: Mobile _____ Work _____

PAYMENT CYCLE:

When your order is dispatched your credit card will be charged.

CARD DETAILS:

MasterCard

Visa

Card Number: _____

CVC (3 digit number on the back of your card): _____

Expiry Date: ____/____

AUTHORISATION

I authorise Dr Smoothie Australia P/L to charge my credit card when my order is dispatched until further notice.

Signature: _____ Date: _____

Name (Printed): _____