technology ▪ simply ▪ efficiently

Credit Card Payment Form

Please complete and fax to (02) 9286 3444 or mail to
OBT, Suite 402, 179 Elizabeth Street, Sydney NSW 2000

Card Details:

▪ Visa Card ▪ MasterCard
▪ American Express ▪ Diners Club

Card Number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expiry Date: __ __/__ __ Name on Card (please print): _____

Periodic Payment Start:

▪ No periodic payment, once off payment

▪ Every last business day of the month ▪ Every __ __ th day of the month

▪ Weekly ▪ Monthly ▪ Quarterly

Start date: __ __ / __ __ / __ __

Periodic Payment End:

▪ Until further notice or End Date__ __ / __ __ / __ __

Payment Details: Comment: (Invoice #, Company Name …)

Amount: $ _____ _____

I hereby authorise Online Business Technologies Pty Ltd to debit the above credit card with the amount specified. I agree that payment via Visa / MasterCard will attract a 2% surcharge to the invoiced amount. I agree that payment via AMEX / Diners Club will attract a 4% surcharge to the invoiced amount.

Authorised Signature _____

Print Name: _____ Date: _____