



6YS Pty Ltd
 ABN 481 086 971 96

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PO Box 10
 Hamilton Central
 Hamilton Q 4007

CREDIT CARD AUTHORISATION FORM

Credit Card Billing Information		
Your Company Name:		
Cardholder Name/Authority:		
Credit Card Type:	Visa () Mastercard ()	
Credit Card Number:	-----	
CVC (Last 3 digits on back of card):	---	
Expiration Date:	-----	
Billing Address:		
Landline Phone (including country/area code):		
Drivers License Number, Expiry Date and Issuing Authority:		
Please select one of the following payment options:		
Once	Bill my credit card once for the following amount:	\$
	Please apply this payment to the following invoice:	#
Monthly	Bill my credit card once per month for the set amount of service each month with 6YS Pty Ltd	\$
	Bill my credit card once per month for the amount service each month for all contracts with 6YS Pty Ltd	

Credit Card Transaction: Credit card surcharges of 3% for Visa and MasterCard will apply when paying by credit card.

Terms and Conditions: By signing this Credit Card Authorisation Form, you also acknowledge that you have read, understood and agree to be bound by the Terms and Conditions as set out in your contract. You will be required to sign this form and return it to us before charges are processed.

I acknowledge that I am 18 years of age or older, I authorise the above charges and acknowledge that I have read, understood and agree to be bound by the Terms and Conditions.

Signature: _____

Date: _____

Full Name: _____

***NB: Any changes or disputes should be emailed to accounts@6ys.com.au**