

Credit Card Authority

Compass Communications, PO BOX 2533, Auckland 1140



Details of Compass account

Customer Name
Compass Account Number
Contact Phone Number

Credit card payment details

Credit card type	<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> American Express		
Credit card number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Expiry date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Cardholder's name					
Cardholder's signature					

Authorisation

I/We authorise you, until further notice in writing, to charge my/our nominated credit card account (hereinafter referred to as "Credit Card Account") with all amounts Compass Communications Limited, (hereinafter referred to as the "Initiator") may charge the Credit Card Account.

I/we understand that, on receipt of this Credit Card Payment Authorisation, Compass will charge the Credit Card Account \$25 for residential accounts or \$100 for business accounts and will credit my/our Compass account with this amount. I/we understand that if the Credit Card Account is unable to be charged, I/we are obliged to arrange an alternative payment method.

I/We acknowledge and accept that the Initiator accepts this Authority only upon the conditions below.

CONDITIONS OF THIS AUTHORITY TO ACCEPT PAYMENTS BY CREDIT CARD

1. The Initiator has agreed to give written advance notice to the Customer of the net amount(s) to be charged to the Credit Card Account and the due date of the charge to the Credit Card Account at least 10 calendar days (but not more than 2 calendar months) before the date when the charge to the Credit Card Account will be initiated. The advance notice will include a schedule of the date(s) and amount(s) to be charged to the Credit Card Account, together with the following message:

"The schedule below sets out the payment(s) that will be charged to your nominated credit card account on the due date(s) specified, UNLESS YOU INSTRUCT US OTHERWISE BY THE CANCELLATION DATE(S) also specified below."

The cancellation date will be at least two days prior to the due date to allow for amendment of amount(s) to be charged to the Credit Card Account.

2. The Customer may, at any time, terminate this Authority as to future payments by giving written notice of termination to the Initiator.

3. The Customer acknowledges that:

(a) This Authority will remain in full force and effect in respect of all amounts to be charged to my/our Credit Card Account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Initiator.

(b) In any event, this Authority is subject to any arrangement now or hereafter existing between me/us and the issuer of my/our nominated credit card in relation to my/our Credit Card Account

Date	Recorded	Checked
Received:	By:	By:
_____	_____	_____