STORAGE KING MELTON

Cnr Reserve Rd & High St,
P.O. Box 958, Melton, Victoria, Australia 3337
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AUTHORISATION FOR CREDIT CARD PAYMENT

PAYMENT DETAILS

TO: Storage King Melton Date: _____

STANDING AUTHORITY FOR RECURRENT PERIODIC

PAYMENT BY CREDIT CARD

SURNAME: _____

GIVEN NAMES: _____

ADDRESS: _____

SUBURB: _____

STATE: _____ POSTCODE: _____

PHONE: _____

Please Circle VISA MASTERCARD AMERICAN EXPRESS

American Express has an additional charge of 2.95% on top of the regular debit amount.

CARDHOLDER NUMBER EXPIRY DATE

_____/_____/_____/_____ _____/_____

STORAGE UNIT NUMBER: _____

AMOUNT PER DEBIT: _____

REGULAR DEBIT: MONTHLY

DATE OF FIRST DEBIT: _____

I wish to use my _____ (card type) to pay for the storage of my goods in Unit Number _____ at Storage King Melton (Merchant).

I hereby authorise the Merchant to debit my Credit Card Account with the amount and at the intervals specified above.

In the event of any change in the charges for this service the Merchant shall alter the amount from the appropriate date in accordance with such change following written advice from the Merchant.

This authority shall stand, in respect of the above specified Credit Card and in respect of any Credit Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation or I vacate the above specified storage unit whichever is the former.

CARDHOLDERS SIGNATURE: _____ DATE: _____