

# Client Payment Details

## Applicant's Details - To be completed by client

Date:       Phone:

Company Name:  Fax:

Trading Name:  Mobile:

Director's Full Name:

Director's Email Address:

Director's Date of Birth:           ddmmyyyy

Postal Address:

State:  Postcode:

## Accounts Details - To be completed by client

Please select your preferred payment option  Direct Debit - Please see request details below  Manual Bank Transfer - I will transfer monies to Offices First each month

Credit Card - Please fill out section below

## Credit Card Authorisation - To be completed by client

Card Number:                     Exp Date:

Card Verification Number:     (Last three digits on the back of your card)

Bankcard  Mastercard  Visa  (Please note that we do not accept Diners or AMEX)

Cardholders Name:

Signature:

I authorise Offices First Pty Ltd to charge my credit card for the outstanding balance of my monthly statement on the 7th of each month, or next business day.

## Offices First Direct Debit Request

I/We request that moneys due in terms of the services covered by the license agreement be drawn under the Direct Debit System from my/our account conducted with:

Bank Name:

BSB:  Account Number:

Account Name:

I/We acknowledge that this Direct Debit arrangement is governed by the terms of the Client Service Agreement received from Offices First Pty Ltd, Direct Debit User ID number 326587.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

## Signatures

Clients Signature:  Date:

Offices First Signature:  Date: