Credit Card Form

Return this form to:
Accounts Receivable
TelstraClear Ltd
Private Bag 92143, Auckland.

Please complete all the following details and return this form to us by POST.

Your TelstraClear account details

Name: (TelstraClear account holder) Mr / Mrs / Miss / Ms (circle)

_____

first name last name

Phone no: _____ **Daytime phone number:** _____ (if different)
include area code include area code

Please enter your TelstraClear account number ☐☐☐☐☐☐☐☐

Your credit card details

Please Print name appearing on credit card:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card type and number: (please note TelstraClear does not accept Bankcard). Please only fill in payment details for ONE credit card.

Visa ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ expiry ☐☐☐☐

Mastercard ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ expiry ☐☐☐☐

Amex ☐☐☐☐ ☐☐☐☐☐☐ ☐☐☐☐☐ expiry ☐☐☐☐

Diners ☐☐☐☐ ☐☐☐☐☐☐ ☐☐☐☐ expiry ☐☐☐☐

I/We authorise **TelstraClear Limited** until further notice to charge my/our credit card with all amounts due on my TelstraClear account on or after the invoice due date.

Authorised signature of card holder: _____ Date _____/_____/_____

Authorised signature of joint card holder: _____ Date _____/_____/_____

For TelstraClear use only	
Date received _____/_____/_____	Loaded by_____