

CREDIT CARD AUTHORIZATION FORM

Cardholder Name: _____

Card Type: _____ Visa Mastercard American Express Other

Card Number: _____

Expiry Date (MM/YY): _____ CVV: _____

Billing Address:

Street Address: _____

City: _____ State/Territory: _____

Postcode: _____ Country: _____

Authorization Details:

By signing this form, I authorize [Merchant Name] to charge the credit card identified above for the agreed upon amount. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. This authorization is valid for all future transactions pertaining to the agreed services or products until revoked in writing.

Terms and Conditions:

1. The cardholder agrees that this authorization is valid only for transactions made by [Merchant Name].
2. The cardholder agrees to notify [Merchant Name] of any changes to the credit card information or cancellation of this authorization immediately in writing.
3. [Merchant Name] agrees to handle all cardholder information with strict confidentiality and in full compliance with the Privacy Act 1988 (Cth) and relevant Australian privacy laws.
4. This authorization form shall be governed by and construed in accordance with the laws of Australia. Any disputes arising out of or relating to this authorization shall be subject to the exclusive jurisdiction of the courts of Australia.
5. The cardholder understands and agrees that revocation or disputes of charges do not affect the cardholder's obligation to pay for goods or services rendered.

Cardholder Signature: _____

Print Name: _____

Contact Phone: _____

Email Address: _____

For Merchant Use Only:

Authorized Signature: _____

Date of Authorization: _____

Cardholder Signature

Merchant Authorized Signature

Signature: _____

Signature: _____

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