



keeping
you
connected

Credit Card Authority

Date: / /

Sea Swift Customer No.: **C** _____

I, _____, _____
Printed Name

Check only one:

As the Individual cardholder, I hereby authorise this card to be used for the payment required.

As the company representative, I hereby authorise this card to be used for the payment required.

Credit Card Information:

Name as it appears on the Card:

Type of Card: VISA MASTERCARD

Credit Card Billing Address: Street:

City: State: Post Code:

Telephone: Driver's License:

Cardholder or Company Representative Signature:

Date: / /

I hereby authorise this card to be used for the future charges to my Sea Swift Account .

Sign to authorise charges/payments:

OFFICE USE ONLY:

Name of the person entering card details:

I confirm that card details have been entered into BPOINT data vault, tokenised and card information has been destroyed.

Signature of the person entering card details:

(Perforate here)

CARD DETAILS

Type of Card: VISA MASTERCARD

Credit Card Number Expiration Date /

Completed form and attachments to be sent via post, fax or email.
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