

# keeping northern australia connected

## Card Authority Form

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.

### Card information:

Name as it appears on the Card:

Type of Card:  VISA  MASTERCARD

Card Billing Address: Street:

City:  State:  Post Code:

Telephone:  Driver's License:

Email:

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:

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

Name and Signature of the person entering card details:

(Perforate here)

### CARD DETAILS

Type of Card:  VISA  MASTERCARD

Expiry Date: CVC:

Card Number: