

Credit Card Authority

Please complete the following and fax to:

ATTENTION: Accounts Department

FAX NUMBER: 07 3812 1751

CUSTOMER NAME: _____

CONTACT: _____

PHONE NUMBER: _____

FAX NUMBER: _____

I hereby authorise you to debit the following credit card on an ongoing basis 7 days after your invoice date. This authority will remain in force until I advise you otherwise in writing. I understand that a 2% surcharge applies to AMEX payments.

I have read and understand the general terms and conditions of trade of The K & R Harm Management Services Trust Trading As Managed Solutions which form part of, and are intended to be read in conjunction with this Credit Card Authority and agree to be bound by these conditions.

CREDIT CARD DETAILS:

MASTERCARD VISA AMEX

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____

CARDHOLDER'S SIGNATURE: _____