VIRTUAL ACCESS CREDIT CARD PAYMENT AUTHORITY



This form may be used to authorise a single payment or recurring payment of your Virtual Access account by credit card.

On completion, please return it to us by fax or mail as shown below.

		e or account reference number: ach of your Virtual Access invoices)		
I wish to authorise payment for any current invoices, plus future invoices as they occur until this authority is rescinded in writing, or my credit card expires OR				
	I wish to make a ONE-OFF payment as follows:			
		Invoice Number	Amount Due	
		TOTAL PAYMENT:		
Credit Card Details				
	Card Type:	☐ Visa ☐ MasterCard ☐ Diners	Club American Express	
Credit Card Number:		_ _ _ _ _ _ _ _ _ _		
	Expiry Date:	/	CVV: _ _	
	Cardholder's Name:			
Cardholder's Signature:				
Paymen	nts for goods to be shipp		ocessed on the due date shown on your invoice. Payments for prepaid services are processed as voice generation.	
If you n	eed to amend your payı	ment arrangements for any reason, plea	ase contact us as soon as possible.	

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