



NSW	VIC	QLD
P: 02 8216 0487	P: 03 9616 1681	P: 07 5582 6370
F: 02 8216 0322	F: 03 9629 8944	F: 07 5596 7014
PO K510 Haymarket	PO Box 532, Collins St West	PO Box 1458, Southport BC
NSW 1240	Vic 8007	QLD 4215
ABN 28 001 201 887	ABN 28 001 201 887	ABN 28 001 201 887

### One Time Credit Card Payment Authorisation Form

Sign and complete this form to authorise Kemp's Petersons Receivables (KPR) to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorisation for any additional unrelated debits or credits to your account.

All Credit Card payments will attract a 1.5% transaction fee

**Please complete the information below:**

I \_\_\_\_\_ authorise Kemp's Petersons Pty Limited to charge my credit card  
 (full name)  
 account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
 (amount) (date)  
 \_\_\_\_\_ KPR Ref number: \_\_\_\_\_  
 (description of payment. Your Creditors Name)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 City, State, Post code \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Cardholder Name _____
Credit Card Number _____
Expiration Date _____
CVV (3 digit number on back of Visa/MC) _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorise the above named business to charge the credit card indicated in this authorisation form according to the terms outlined above. This payment authorisation is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorised 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.