

Dow Royle Telecommunications
 ABN: 40 730 159 390
 Unit 2A, 87 Webster Road
 PO BOX 3086
 STAFFORD QLD 4053
 PH: 1800 1700 16
 FX: 1300 992 434
 Email: admin1@dowroyle.net.au

CREDIT CARD DIRECT DEBIT FORM

Thank you for choosing **DOW ROYLE Telecommunications**. All information provided by you is held in strict confidence and is not used for any purpose other than the direct provision and support of **DOW ROYLE Telecommunications** business communications and associated services.

PLEASE TYPE YOUR DETAILS IN THE HIGHLIGHTED FIELDS

* INDICATES MANDATORY FIELDS

CUSTOMER ACCOUNT NUMBER:

*

REQUEST AND AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY BILLBUDDY PTY LTD
 (DOW ROYLE TELECOMMUNICATIONS' NOMINATED TELECOMMUNICATIONS NATIONAL BANKING PAYMENT COLLECTIONS AGENCY – BILL BUDDY PTY LTD)

REQUEST AND AUTHORITY TO DEBIT

SURNAME / COMPANY NAME:

*

GIVEN NAMES OR ACN/ABN:

*

Request and authorise Bill Buddy Pty Ltd (the User) (User ID number 320813) to arrange for any amount Bill Buddy Pty Ltd may debit or charge you on behalf of Dow Royle Telecommunications to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions as set out herein and in accordance with Dow Royle Telecommunications' Terms and Conditions [and any further instructions provided below].

ACKNOWLEDGEMENT

By signing this direct debit request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Bill Buddy Pty Ltd as set out herein and in accordance with Dow Royle Telecommunications' Terms and Conditions. Further, you expressly authorise Bill Buddy Pty Ltd to draw any fees from the account nominated in this form.

CARD DIRECT DEBIT DETAILS HERE:

**(Please note that any credit card transactions will appear on your statement as "Bill Buddy")*

NAME AS IT APPEARS ON CARD:

*

CARD NUMBER:

*

EXPIRY DATE:

*

CARD TYPE:

*

MASTERCARD VISA

CCV NUMBER:

*

(Last 3 digits on the back of the card)

ACKNOWLEDGEMENT


By signing this request you authorise Bill Buddy Pty Ltd to enter a charge against your nominated credit card for an amount and frequency directed by the Biller indicated in the "Biller Use Only" section at the bottom of this form. I understand that any credit card transactions will appear on my statement as "Bill Buddy". Furthermore you agree to reimburse Bill Buddy Pty Ltd for any successful claims made by the cardholder through their financial institution against Bill Buddy Pty Ltd. ** Please note that direct debits from a Credit Card transaction will attract a 2% transaction fee and a \$1.00 minimum fee.

SIGNATURE OF ALL ACCOUNT / CARD HOLDERS

(If signing for a company, sign and print full name and capacity for signing e.g. Director)

* 

SIGNATURE

* 

DATE

Please sign, print and fax form back to **1300 992 434** or **(02) 8246 6313** or post to:

Dow Royle Telecommunications
PO BOX 3086 - STAFFORD QLD 4053