



CREDIT CARD AUTHORISATION

Customers Details:

Customer Account Number	
Customers Name & Surname	
Address	
Phone Number	

Payment Details Required:

Name on Credit Card														
Credit Card Number														
Credit Card Expiry Date	<input type="text"/> MM/YY		Visa or Mastercard (please circle) (Note: AMEX to be paid online by Customer @ www.matrixsecurity.co.nz)											

Payment (please tick one option)

Option 1: One off Charge

List Invoice Numbers to be paid				
GST Inclusive Value	\$	\$	\$	\$

Option 2: Monthly Charges

The cost of all Matrix Security services; e.g. monitoring, guarding hot lists, installation service etc)

By signing this authorisation, I agree that all outstanding amounts on my Matrix Security's Customer Account are to be charged each month against the credit card detailed above. I understand that the amount will be charged on the 15th of each month (or first working day thereafter). I accept that any costs incurred by Matrix Security in relation to payment defaults may be added to my Matrix Security's Customer Account.

I will advise Matrix Security by the 10th of the following month, if there are any disputed invoices on my account. I understand that the value of these disputed invoices will not be charged against my credit card account until after the dispute is resolved.

.....
Name (Please print)

.....
Signature

.....
Date

FOR OFFICE USE ONLY

Processing online with DPS:

Date Processed on DPS Payline	
Authorisation Code	
Processed by	

Date processed	
Customer Account Code	
Processed by	