



## Botany Access Pty Ltd

PO Box 329, Botany NSW 1455

5 Exell Street, Botany NSW 2019

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E-mail: [accounts@botanyaccess.com.au](mailto:accounts@botanyaccess.com.au)

ABN: 87 073 330 239

### Credit Card Authorisation Form

This form is required to be completed in full with signatures and returned to us prior to the commencement of any hire. All first orders must be paid for on COD terms. If payment is not processed on line, all relevant card details will be required to be provided to the office for processing.

If you do not wish for your credit card to be used in future hires, please also indicate your preferred payment method below. If you wish to apply for an Account please request an application or these can also be located on our website, <http://www.botanyaccess.com.au> . Until a completed Account Application is returned and approved the terms will remain as C.O.D

#### PAYMENT OPTIONS

##### **ONLINE:**

<http://www.botanyaccess.com.au> to make a credit card payment via our online PAYWAY.

When further payments are due these can then be processed by yourself, or if authorised we can process the same card for the remaining payments.

##### **BY EFT**

Our bank details are:

**Bank:** Westpac

**Branch:** Mascot

**BSB:** 032-035

**Account no:** 258 104

**Account name:** Botany Access Pty Ltd

**Please return form by email to - [accounts@botanyaccess.com.au](mailto:accounts@botanyaccess.com.au)**

#### **CUSTOMER INFORMATION**

Company Name \_\_\_\_\_ ABN: \_\_\_\_\_

Billing Address \_\_\_\_\_ Office: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  
 EFT  PO REQUIRED

Cardholder Name \_\_\_\_\_

Credit Card Number XXXX-XXXX-XXXX- Last Four Digits required

Expiration Date / CCV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Please tick if phone call is required prior to processing card for payments due in relation to hire.

In signing this, I authorize the accounts department to debit this credit card for any amounts owing. I agree to be bound by Botany Access Pty Ltd Terms and Conditions available online at [www.botanyaccess.com.au](http://www.botanyaccess.com.au) . All information given on this form will be kept strictly confidential.

OFFICE USE ONLY- Date: \_\_\_/\_\_\_/\_\_\_ Estimated amount: \$ \_\_\_\_\_ (Inc. Gst) Sales Rep: \_\_\_\_\_