



**Accounts/Credit Department**  
 Melbourne Office: PO BOX 1183, BRAESIDE VICTORIA 3195  
 Toll-free: 1300 88 37 40 (Int): 61 3 9587 7788 (F): 61 3 9580 4497

**PREPAID CUSTOMER AUTHORITY**

A.B.N. 85 062 225 567

**Business Details**

The Applicant(s) Business/Trading Name: \_\_\_\_\_  
 Registered Company Name (if applicable): \_\_\_\_\_  
 A.B.N.: \_\_\_\_\_ A.C.N.: \_\_\_\_\_ Bus. Registration No.: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Account Details**

Type of Account: PREPAID  
 Payment Method:  Credit Card  Electronic Funds Transfer (Direct Deposit)  
Please be aware that there may be delays in the release of your order using this payment method.

**Credit Card Details:**

Card Type:  American Express  MasterCard  Visa  
 Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ exp: \_\_\_\_/\_\_\_\_ C.v.v No.: \_\_\_\_\_

Disclaimer:  
 I hereby provide and authorise the use of my credit card details (noted above) to IMAGING SOLUTIONS (AUSTRALASIA) PTY LTD for the purpose of processing COD/Prepaid orders and to keep record of these details for future use. I also understand and accept that as of the 1st of July 2007, a surcharge of 3% (Amex) will be incurred for the use of a credit card in paying any amounts that have been held on account. This charge does not apply to prepaid or COD orders.

Signed: \_\_\_\_\_ Full Name on Card (print): \_\_\_\_\_  
 Position: \_\_\_\_\_

Contact Person: (Accounts Payable) \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_