



Skyfuel Australia Pty Ltd  
 ABN 93 068 890 764  
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## Request for Automatic Payment Via Credit Card

Buyer's Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

I request and authorize Skyfuel Australia Pty Ltd, until further notice, to arrange payment of my account as per details below, by debiting my credit card account as described in the form below. I acknowledge that Skyfuel Australia Pty Ltd may terminate this request at any time by written or verbal notice and I must adopt an alternative method of payment.

**Please indicate card with an X**

**Visa**                       **Mastercard**                       **American Express**

**Card Number:**

**Expiry Date:**          **Security Code** (if American Express):

Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### CONDITIONS OF USE

1. The Buyer mentioned above agrees to make monthly payments by Credit Card. The starting period will be the due date on the next statement after the agreement is signed and authorized.
2. The Buyer will be advised via statement of the due amount. Where the due date falls on a non-business day, the Seller will draw the amount on the next business day. The Seller will not change the amount or frequency of drawing without the Buyer's prior approval.
3. This agreement shall be a continuing agreement and can only be altered or terminated by the Buyer submitting notice in writing, at least three (3) business days prior to the due date.
4. The Buyer must ensure that there are cleared funds available on the nominated credit card to allow payment to occur on the due date.
5. The Seller will keep all information pertaining to the Buyer's nominated account private and confidential.
6. A credit card surcharge of 1.5% for Visa and Mastercard, and 2% for American Express, will be charged per transaction.

I hereby authorize Skyfuel Australia Pty Ltd to debit our Credit Card monthly with the amount stated on the statement for services provided and any further sums of money that are due from time to time.

Cardholder's Full Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date \_\_\_\_\_