



AUTHORISATION FOR CREDIT CARD PAYMENTS

CARD and PAYMENT DETAILS

Storage Space No: _____

Payment Cycle: ___ 1 month ___ 3 months ___ 6 months ___ 12 months

Monthly Calendar Date: _____

CARD DETAILS

___ Mastercard ___ Visa

Card Number: _____

Expiry Date: _____ / _____

FULL NAME : _____
(as shown on card)

ADDRESS: _____

PHONE : (Home) _____ (Work) _____

(Mobile) _____

AUTHORISATION

I authorise StorageWorks Pty Ltd to charge my credit card (detailed above) for periodic payments until further notice.

Signature: _____ Date: _____ / _____ / _____