

# IntelliTrac

IntelliTrac Pty. Ltd.  
ABN 31 238 398 354

## Credit Card Direct Debit Request

Complete and Email to [accounts@intellitrac.com.au](mailto:accounts@intellitrac.com.au)

### Request and Authority to debit the credit card named below to pay *IntelliTrac Pty Ltd*

<b>Request and Authority to debit</b>	<p>Surname or Company Name _____</p> <p>Given Names or ACN/ARBN _____ (“you”)</p> <p>request and authorise IntelliTrac Pty. Ltd. trading as IntelliTrac to debit or charge your nominated credit card each and every month for a minimum period of _____ Months</p>
<b>Insert details of credit card to be debited</b>	<p>Type Of Credit Card Visa <input type="checkbox"/> Mastercard <input type="checkbox"/></p> <p>Name On Credit Card _____</p> <p>Credit Card Number</p> <p>_____ _____ _____ - _____ _____ _____ - _____ _____ _____ - _____ _____ _____ </p> <p>Expiry Date MM-YY ____ ____ - ____ ____  CCV ____ ____ </p>
<b>Acknowledgment</b>	<p>By signing this Credit Card Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and IntelliTrac Pty. Ltd. trading as IntelliTrac as set out in this Request and in your Direct Debit Request Service Agreement.</p>
<b>Payment Details</b>	<p><input type="checkbox"/> The First Monthly Direct Debit Amount is \$ ____ ____  - ____ ____ </p> <p><input type="checkbox"/> Continuing Monthly Direct Debits Amounts are: \$ ____ ____  - ____ ____ </p> <p>Monthly Direct Debits remain in force for a <b>minimum</b> period of _____ Months.</p> <p>You must notify IntelliTrac in writing or by email (and have receipt of confirmation by IntelliTrac of receiving your correspondence) of your intention to terminate this agreement and any other relevant agreements pertaining to this direct debit request. One month billing period is required as notice of termination.</p>
<b>Insert your signature and address</b>	<p>Signature _____</p> <p>Address _____</p> <p>_____</p> <p>Date ____ / ____ / ____</p>
<b>Office Use:-</b> Sales Person _____ Date Admin Received _____ By _____	<p>Signature _____ (If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date ____ / ____ / ____</p>