

CREDIT CARD PAYMENT FORM



ACCOUNT DETAILS

Account name _____

Customer number

CREDIT CARD DETAILS

Card holder name _____

Credit card type Visa Mastercard American Express
(please tick one)

Credit card number

Expiry date /

PLEASE SIGN HERE

I/we authorise Digital Island Limited, until further notice, to charge payment of the above account to my/our credit card will all amounts due. Payment will be processed each month ten days after the invoice issue date.

Authorised signature of credit card holder _____ Date _____ / _____ / _____

FAX COMPLETED FORM TO 0800 999 020 or +64 9 6311159