



CREDIT CARD PAYMENT AUTHORITY FORM

This Credit Card Authority Form Authorises Big Michael's Fruit & Vegetables To Deduct From The Authorised Credit Card As Indicated Below.
ABN: 26 429 090 875

Business/Trading Name: _____

ABN: _____

Trading Address: _____

Person Authorising payment: _____

Position with Company/business: _____

Phone or email contact: _____

I/we hereby authorise Big Michael's Fruit & Vegetables to deduct from the below Credit Card
**** please tick the appropriate box****

- Amount as per daily invoice
- Amount as per weekly statement
- One off payment for the amount of \$ _____

CREDIT CARD DETAILS:

Card Number:

Name on Credit Card:

Expiry Date:

Name of Person Authorising Payment (please print):

Signature of Person Authorising Payment:

Date: