

Credit Card Authorisation

Request and Authority to allow SponsoredLinX to charge the credit card provided below for management fees.

Business Details:

Business Name:

Contact Name:

Contact Phone Number:

Email Address:

Credit Card Details (Visa/Mastercard Only)

Card Number:

Name on Card:

Expiry Date:

CVN:

Cardholder Signature: Date:
Genuine Signature only

Name (PRINT):

By signing the above, I acknowledge that I am authorised to represent the company or organisation above, and that I give permission to charge the credit card details provided.

Please fax the completed form to **(07) 3088 8588** or email to **accounts@sponsoredlinx.com**