



Licensed Commercial Agent - A.C.N. 069 997 119  
GPO Box 2655, Brisbane QLD., 4001  
Phone 07 3834 3500 - Fax 07 3834 3599

**PAYMENT AUTHORITY**

I AUTHORISE AXESS GROUP OF COMPANIES TO CHARGE MY:

MASTER CARD ☐ VISA CARD ☐ (please tick one)

THE SUM OF: \$ \_\_\_\_\_

ON ACCOUNT OF MONEY OWED TO: \_\_\_\_\_

REFERENCE NUMBER: \_\_\_\_\_

CARD A/C NO: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

EXPIRY DATE: \_ \_ / \_ \_ (MONTH / YEAR)

COMMENCING ON: \_ \_ / \_ \_ / \_ \_ \_ \_ (DAY/MONTH/YEAR)

WEEKLY ☐ FORTNIGHTLY ☐ MONTHLY ☐ ONCE ONLY ☐ (please tick one)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

The information above is for the use of Axess Group Pty Ltd and its affiliated companies and agents, its client and their representatives. The information shall be used only for the reason it has been collected, being: for any actions relating to the recovery of monies from the person named above by Axess Group Pty Ltd and its affiliated companies and agents on behalf of their clients and representatives.