

Credit Card Debit Request Form

Customer Account details

Customer Name:

Customer Number:

Phone:

Address:

Suburb:

Postcode:

E-mail:

Credit Card details

Credit Card Number:

Expiry Date:

 /

Cardholder Name:

Request & Authority

I hereby request and authorise Patterson Road Tatts, News & Post to charge to the credit card listed above the amount owing on the above listed customer account each month until further notice.

Cardholder's Signature:

Date:

 / /

Complete this form and send or fax to:

Patterson Road Tatts, News & Post
51 Patterson Road,
Bentleigh Vic 3204

Fax: (03) 9557 3060

Office Use

Date Received:

 / /

Date Actioned:

 / /

Actioned by: