

## PAYMENT AUTHORITY

Date

Customer Code

Trading Name

I (name on card) \_\_\_\_\_ authorise  
Cenversa Services Pty Ltd (ABN 36 113 929 294), on behalf of Cenvet Australia Pty  
Ltd to debit my nominated credit card on the 10th of each month to pay the previous  
month's account. I agree to be contacted for the full card details to be registered with  
our financial institution.

\* PLEASE DO NOT ENTER FULL CARD DETAILS \*

 - **VISA**

OR

 **MASTERCARD**

EXPIRY (XX/XX)

XXXXXX

 - **AMERICAN EXPRESS**

EXPIRY (XX/XX)

XXXXX

 - **DINERS CLUB**

EXPIRY (XX/XX)

XXXX

CARDHOLDER'S NAME:

SIGNATURE:

On completion please sign, scan and email this authority form to  
[credit@cenversa.com.au](mailto:credit@cenversa.com.au) or post to:  
"Accounts Department" Locked Bag 4365 Blacktown BC NSW 2148