



Cenvet Australia Pty Ltd
 26 Binney Road
 KINGS PARK NSW 2148
 Ph: (02) 9679 5730
 Em: credit@cenversa.com.au

PAYMENT AUTHORITY

Date: _____

Account No.: _____

Clinic Name: _____

I (name on card) _____
 authorise Cenvet Australia Pty Ltd (ABN 70 097 206 187), to debit my
 nominated credit card on the 15th 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** (16 DIGITS) OR - **MASTERCARD** (16 DIGITS)

_____ X X X X X X _____

EXPIRY (XX/XX)

- **AMERICAN EXPRESS** (15 DIGITS)

_____ X X X X X _____

EXPIRY (XX/XX)

CARDHOLDER'S NAME: _____

SIGNATURE: _____

On completion please sign, and email this authority form to
credit@cenversa.com.au

For card security, please call 02 9679 5730 with the excluded information.