Empowering Independent Vet Excellence

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 - VISA (16 DIGITS) OR - MASTERCARD (16 DIGITS) **EXPIRY (XX/XX)**

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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.