



Please complete and fax back to Dr Lock on **02 989 12349**

Reference / Order Number :

Client Details:

I hereby authorise the Dr Lock to debit my credit card (details provided below) being payment of invoiced order as follows:

Total Ausd	
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Please Note that as from July 1st 2007, a surcharge will apply to all Credit Card payments, at the following rates:

VISA/MASTERCARD	1%
From 14/04/2009	1%

Card Type: (Please ✓)	MasterCard <input type="checkbox"/> VISA <input type="checkbox"/>																				
Cardholder's Name: (Please print)																					
Card Number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				
Expiry Date:	<table style="width: 100%;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">CVV</td> </tr> <tr> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> </table>	Month	Year	CVV	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>														
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Contact Telephone:																					
Contact Email:																					
Verification	<table style="width: 100%;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> </td> <td style="width: 40%; text-align: right;"> ___ / ___ / ___ </td> </tr> <tr> <td style="text-align: center;">Cardholder's Signature</td> <td style="text-align: center;">Date</td> </tr> </table>		___ / ___ / ___	Cardholder's Signature	Date																
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The back panel of most Visa/MasterCard cards contain the full 16-digit account number we now require the last 3 digit code on the back of your credit card called the CVV

DINERS & AMEX IS NOT ACCEPTED

Fax Back To Dr Lock 02 989 12349
 Dr Lock 02 989 12345 Or mail@drlock.com.au

