



Credit Card Authorisation Form

All goods remain the property of Kapiti Technologies Limited until the transaction has been processed or authorised by the Credit Card Company.

Account Information

Customer Name:											
Company / Account Code:											
Contact Phone:	0		-								

Type of Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> AMEX								
Name on Card:											
Card Number:											
Expiry Date:			/								
Card Security Code:											
Is this a corporate card:	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
If yes, name of corporation:											

I authorise Kapiti Technologies Limited to bill the above named credit card for all charges relating to any services or equipment purchased by me or my company.

Card Holder's Signature:

Date:

Please return this form via mail or fax to:

Kapiti Technologies Limited

PO Box 6

Paraparaumu 5254

Fax 04 9744830