

# CREDIT CARD CHARGE AUTHORIZATION FORM

YOU ARE REQUIRED TO FULLY COMPLETE AND RETURN THIS FORM TO US WITHIN **5 DAYS**. YOUR COMPLETION OF THIS AUTHORIZATION FORM HELPS US TO PROTECT YOU, OUR VALUED CUSTOMERS, FROM CREDIT CARD FRAUD. ALL INFORMATION ENTERED ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL.

## CUSTOMER'S INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Postcode: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Country code) \_\_\_\_\_ (Area code) \_\_\_\_\_ (Telephone Number)  
*(PLEASE PROVIDE A CONVENIENT PHONE NUMBER WHEREBY WE CAN CALL YOU EASILY TO VERIFY YOUR DETAILS)*

Email address: \_\_\_\_\_

## CREDIT CARD INFORMATION

Card Type:  - Visa  - MasterCard  - American Express

Issued by: \_\_\_\_\_ (Bank's name)

Cardholder Name: \_\_\_\_\_  
*(EXACTLY AS IT APPEARS ON THE CARD)*

AMOUNT: \_\_\_\_\_

INVOICE NO: \_\_\_\_\_  
*(If Applicable)*

Credit Card No: ---

Expiry date:  /  CW:

*(CW IS THE LAST 3 DIGITS OF NUMBERS PRINTED IN THE SIGNATURE FIELD ON THE REVERSE SIDE OF THE CREDIT CARD)*

**PLEASE TAKE NOTE: ANY TRANSACTION MADE BY US WILL BE APPEAR AS FLEXI E-SOLUTIONS PTY LTD IN YOUR STATEMENT.**

By signing below, I declare that the information given on this form is true and correct. I agree and is aware that **Flexi e-Solutions** has the authority to charge my above said credit card for any service(s) render to me as per invoice. I agree to be bound by **Flexi e-Solutions** Terms and Conditions available online at [http://www.virtual-office.com.my/terms\\_and\\_conditions.html](http://www.virtual-office.com.my/terms_and_conditions.html). I understand that should I dispute a charge through my credit card provider before giving reasonable notice to **Flexi e-Solutions**, it will constitute a breach of contract and will result immediate of all service(s) rendered by **Flexi e-Solutions** or any of its subsidiaries.

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE

/  /   
(DD/MM/YYYY)