Chick Pea Pty Ltd

Fax Form

CARD HOLDER INFORMATION

Company Name (if applicable):	Name on Card:	
Card Holder Billing Address:		
Suburb/City:	State:	Postcode:
Phone:	Email Address:	

PAYMENT AUTHORISATION

Card Type: Visa ☐ Mastercard ☐ Card Expiry Date: ☐☐/☐☐

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CVV2: ☐☐☐

The 3-digit, Card Identification Number is found on the back of the card.

…….…….. ……...…… …….. / …….. /……..

Signature of Card Holder Print Name Date

ORDER INFORMATION

I hereby authorise the purchase of products from Chick Pea Pty Ltd for the following order/s:	Order ID/s:

In all instances, credit card details will be kept ONLY within our encrypted online merchant account with ANZ eGate. Upon receipt of your Fax Form, your credit card information is entered into our online merchant facilities and then this form will be securely destroyed.

Should you wish us to keep your credit card within our ANZ eGate online merchant account for future purchases, please print the word YES in the boxes below. Leaving this blank with guarantee your credit card is used for orders acknowledged on this form only.

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FAX COMPLETED FORM TO: +61 2 9807 9974