

# Enduring Credit Card Authorisation Form

## Cardholder

Cardholder's name

Contact email address

- I, the person named above (Cardholder), declare that I am the holder of the credit card (Credit Card), the details of which appear below in the Credit card section.

## Credit card details

Card type

Visa  MasterCard

Card number

Card expiry date

## Authorisation

Please choose one of the following two options:

- I want Castle to always use the credit card details I have provided here to pay my order immediately.**

With this option, payment will be automatically taken from your Credit Card as soon as your order is received. By ticking this box, you agree to the authorisation below:

*I, the Cardholder, authorise Castle Corporate Pty Ltd (Castle) to use the Credit Card referred to in this form to, **at the time of ordering**, pay all fees and costs associated with the provision of products and services which I order from Castle. I understand that payment will be processed in accordance with this authorisation at the time each order is placed with Castle, unless I withdraw or amend this authorisation\*.*

- I want Castle to always use the credit card details I have provided here to pay my order 14 days following the invoice date.**

With this option, your invoice will be marked as 'Not paid' and payment will be automatically taken from your Credit Card 14 days after the date on the invoice. The receipt for payment will not be sent to you but the payment will appear on your statement. By ticking this box, you agree to the authorisation below:

*I, the Cardholder, authorise Castle to use the Credit Card referred to in this form to, **14 days following the invoice date**, pay all fees and costs associated with the provision of products and services which I order from Castle. I understand that payment will be processed in accordance with this authorisation at the time each order is placed with Castle, unless I withdraw or amend this authorisation\*.*

\*Note that you can change your preference at any time by calling us on 03 9898 6666

## Execution

Cardholder's signature

Date of authorisation



Please complete and return this form to Castle by:  
e: [castle@castlecorp.com.au](mailto:castle@castlecorp.com.au) or f: (03) 9890 6699

Castle Corporate Pty Ltd  
ABN 36 065 276 655  
[www.castlecorp.com.au](http://www.castlecorp.com.au)

If you have any questions or need help, call us on:  
t: (03) 9898 6666