

If you wish to pay by Credit Card, please complete where marked with *, sign, enclose an encoded deposit slip for your account and return to us by post: **Compass Communications, Freepost, PO Box 99 196, Newmarket, Auckland 1149.**

Customer Details:

*
Title: Mr | Mrs | Miss | Ms

*
First Name:

*
Surname:

*
Company Name (if relevant):

*
Contact Phone Number: ()

*
Compass Account Number:

Credit Card Details:

*
Credit Card Type: please tick one box Visa American Express MasterCard

*
Credit Card Number:

Card Security Code (Last 3 or 4 digits on the back of your credit card, or on front if Amex):

*
Expiry Date: /

*
Name on Credit Card:

*
Authorised Signature (s):

*
Date:

!/we authorise you until further notice in writing to take payment from my/our credit card each month, on or after the due date.'