

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)

Credit Card No: ---

Expiry date: / CVV: (CVV is the last 3 digits of numbers printed on the signature field on the reverse side of the credit card)

AMOUNT:

INVOICE NO:

(If Applicable)

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.voffice.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)

a brand of Flexi e-Solutions Sdn Bhd.

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PLEASE FAX THE COMPLETED FORM TO +603 2788 3777 OR EMAIL TO PAID@VOFFICE.COM.MY
--- ALL INFORMATION GIVEN ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL ---