

Your Details:

Member ID (for membership payments only)

OR Reference ID (for Debtor payments only)

First Names

Last Name

Company

Credit Card Details:

Card Type

Visa

Mastercard

AMEX

Name on Card

Card Number

CCV/CVN

Expiry Date

DD / MM / YYYY

Payment Amount

\$

 .00**Authorisation:**

By signing you agree that you are authorised to use the above credit card and forthwith give us permission to debit the amount specified above.

Signature _____

Dated _____

/ /

Please complete this form and fax it to us directly.

You can get our details by visiting our website www.x-collect.com

IMPORTANT: We strongly advise against posting this form as it contains confidential information.