

PAYMENT AUTHORITY

Date

Customer Code

Clinic Name

I (name on card) _____
authorise Cenvet Services Pty Ltd (ABN 36 113 929 294), on behalf of
Cenvet Australia Pty Ltd to debit my nominated credit card on the 10th
of each month to pay the previous month's account.

 - **VISA** (16 DIGITS)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 - **MASTERCARD** (16 DIGITS)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 - **AMERICAN EXPRESS** (15 DIGITS)

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 - **DINERS CLUB** (14 DIGITS)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date

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CVC (card verification No.)

Cardholders Name

Signature