



CREDIT CARD AUTHORISATION FORM

Please fill in the below details and return by email.

All information will remain confidential.

Unfortunately, we will not be able to process any orders on declined credit cards!

Note: Credit card payments are subject to merchant fee surcharge.

Cardholder Name:	
Billing Address:	

PLEASE CIRCLE Credit Card Type*: VISA MasterCard
Credit Card Number:
Expiration Date: /
Card Identification Number: (last 3 digits located in signature panel on the back of the credit card)
*Surcharges are applicable Visa and Mastercard 1.4% Amex 2.2% + GST

I hereby authorise Food & Dairy Co (ABN: 78 600 617 972) to charge the above credit card, for the full amount that is due to my account, as per the agreed trading terms.

Cardholder – Please Print Name, Sign and Date below:

Name: _____

Signed: _____

Date: _____