

ONLINE CARD PAYMENT FORM



Thank you for choosing to shop with CWORLD Pty Ltd.

In the interests of protecting **YOU** against fraudulent activity on **YOUR** credit card **WE** ask that **YOU** complete & fax this form to **03 9794 5457** or email to **credit@cwold.com.au**

Section A

Card type: Visa MasterCard American Express

Name on credit card: _____

Card number : _____ Exp: _____

Card Holder's Signature: **X** _____ CCV No: _____

Drivers license or passport number: _____ D.O.B.: _____

Address of card holder: _____

Section B

I hereby authorise **CWORLD PTY LTD [ABN 91 128 352 385]** to debit the abovementioned card the sum

of \$ _____ inclusive of GST being in payment for order ID _____

Signed: **X** _____ Date: _____

Section C

For security reasons **ONE** of the following items must accompany **YOUR** application.

- Legible photocopy of the front and back of the abovementioned credit card.
- Copy of front and back of credit card holders drivers license.
- Utility bill with proof of delivery address (ie phone bill / electricity bill).

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