



SEA KINGS

EST. 1999 NATIONWIDE SEAFOODS

Credit Card Payment Authorisation Form

Here's How Recurring Payments Work:

You authorise regularly scheduled charges to your Visa or Debit Mastercard. You will be charged per each Invoice issued from Nationwide Seafoods Pty Ltd. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under \$5,000. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 3 days prior to the payment being collected. In the case of a declined payment, items will not be released. If stock is released due to agreeance between parties the stock remains the property of Nationwide Seafoods Pty Ltd until payment is processed. There is surcharge of 1% for all credit card payments. All Card Details remain strictly confidential and are for the use only of Invoices Issued from Nationwide Seafoods Pty Ltd to your establishment.

Please complete the information below:

I _____ (Name) of _____ (Company Name) _____ (Position Held) authorise **Nationwide Seafoods Pty Ltd** to charge my credit/debit card as indicated below the total amount indicated on individual sales invoice or a combination of compiled invoices.

I understand that I will only receive advance notice of the charge if it exceeds \$5,000.

Address: _____

Phone: _____

City, State, Postcode: _____

Email: _____

Card Type: Visa MasterCard

Cardholder Name _____

Card Number _____

Expiry Date _____

CVV (3digit number on back of Visa/MC).

SIGNATURE _____

DATE _____

I authorize the Nationwide Seafoods Pty Ltd business to charge the credit card indicated in this authorisation form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 20 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorised user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorisation form. In the case of the credit card expiring, it is the responsibility of the card holder to update these details with notice.