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CREDIT CARD DIRECT DEBIT AUTHORITY FORM

Client Name _____

Client Address _____

I/we authorize De Jong Hoists (Aus) (ACN 069 443 554) to debit nominated credit card below with the **monthly** amount due as per De Jong monthly statements, within 7 days from the invoice date.

- Direct Debit payment arrangement is in line with De Jong payment terms for clients without approved credit account.
- De Jong invoices from the 21st of one month to the 20th of the following month.
- De Jong will keep all information provided in this form private and confidential.
- It is the responsibility of client to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.
- It is the responsibility of client to advise us if the account nominated is closed and to provide new credit card details.
- It is the responsibility of client to arrange suitable alternate payment method (EFT or cheque) if the drawing arrangements are cancelled or rejected by the bank.

Please debit card Visa Mastercard

Card Number

Expiry Date /

Cardholder's name _____

Company Name _____

Signature _____

Email address _____

Phone No. _____