



## CREDIT CARD AUTHORITY FORM

If you would like to enjoy the convenience of automatic billing to your credit card, simply fill out all the information below. Upon approval, we will then automatically bill your credit card for amounts due and your total charges will appear on your credit card statement. You may cancel this automatic billing authorisation at any time by writing to us at :

**SKY TELEVISION, PO Box 9059, Newmarket, Auckland.**

\_\_\_\_\_  
**SKY ACCOUNT NAME**

\_\_\_\_\_  
**SKY ACCOUNT NUMBER**

( ) \_\_\_\_\_  
Home

( ) \_\_\_\_\_  
Mobile

( ) \_\_\_\_\_  
Work

\_\_\_\_\_  
Ext

### CREDIT CARD DETAILS

Name on Credit Card:

\_\_\_\_\_  
(Exactly as printed on card)

Billing Address:

\_\_\_\_\_  
Street Number and Name (P O Box)

\_\_\_\_\_  
Town/City

Card Type:

Master Card (44)

Visa (42)

American Express (41)

Diners (43)

Credit Card Number:

Expiry Date:

\_\_\_\_\_  
Month

\_\_\_\_\_  
Year

### TERMS OF CONDITIONS

I/We authorise SKY NETWORK TELEVISION LIMITED (until further notice) to automatically bill my/our credit card for the balance due on my/our sky account each month. A full breakdown of this balance is to be sent to me/us at least ten days before due date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date