Dorsogna Limited ABN 27 063 427 752
Postal Address – Palmyra Delivery Centre
PO Box 2005, Palmyra WA 6961
Phone: 08 6313 6990
Email: remit@dorsogna.com.au

Payment Authority Form Request

Customer Account Number _____

Customer Account Name _____

I / We request you, Dorsogna Limited, to arrange for funds to be debited from my / our nominated credit card at the financial institution shown below according to the schedule specified below.

Name of Card Owner _____

Address _____

_____**P/C**_____

Signature _____

Date of Agreement _____

Credit Card Number __ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __

Expiry Date **Month** _____ **Year** _____

*** * * * * Please note we do not accept American Express or Diners Club * * * * ***

Please select Payment Schedule

- o Weekly Every Monday

Should the Monday fall on a public holiday, we will endeavour to process your payment on the next business day for your convenience.

Changes can be made to your payment schedule up to 10am on the day of your scheduled payment by contacting accounts on 08 6313 6990.