



**galloper.com.au**

**premier thoroughbred sales address**

**Ph: 1300 766 581**

**ABN: 93 085 482 793**

**Pay By The Month Application**

**Please fax this form to (07) 5546 3784**

**Business Details:** (Please print in BOLD CAPITALS)

**Legal Entity Name:**

**Trading Name (if Appl.):**

**Physical Address:**

**Postal Address:**

**Contact - First Name:**

**Last Name:**

**Phone:( )**

**Fax:( )**

**Mob:**

**Email Address:**

**Website:**

**Credit Card Authority**

By signing below you agree:

1. You understand that your credit card will be debited for \$89.00 AUS per month.
2. You are the legal authorised person to make the application and sign on behalf of the entity noted above.
3. You are committed to 3 monthly payments and you will give 30 days written notice to galloper.com.au if you decide to change this service.

**Type of Credit Card:**  VISA  MASTERCARD  BANKCARD  AMEX

**Card Holder's Name:**

**Credit Card Number:** \_\_\_\_\_

**Expiry Date:** \_\_/\_\_/\_\_

**Cardholder's Signature:**

**Date:** \_\_/\_\_/\_\_

(Direct Debit request on next page)

