

## 1 Credit Card Holder Details

Please enter your details for verification.

Name

Username

Address

Date of Birth  /  /

## 2 Credit Card Details

Card Type  Bankcard  MasterCard  VISA  AMEX  Diners Club

Card Number

Card Name

Expiry Date  /

## 3 Credit Card Holder Acknowledgement

Enter your signature below to show that you agree to the following terms.

1. I acknowledge that AINS may use the above mentioned Credit Card to deduct any payments for the above mentioned customer account.
2. I understand that my Monthly Cost is to be paid monthly in advance, plus any excess charges incurred in previous months, if applicable.
3. I understand that I must cancel/suspend my service if I leave the premises or I will continue to be billed for the service. Cancellation and suspension written notices must be received by AINS 3 days before the end of the Monthly Billing Period. The cancellation or suspension will not occur until the following Monthly Billing Period.
4. I understand that I am bound by the 'Standard Form of Agreement' found on the AINS website: [www.ains.com.au/notice-board](http://www.ains.com.au/notice-board)

Signature  Date  /  /

Full Name