



data rescue

PROFESSIONAL DATA RECOVERY SOLUTIONS

Subsidiary of Prolink Systems Pty Ltd

ABN 94 065 636 982

CREDIT CARD AUTHORIZATION

I, _____, authorise Prolink and Data Rescue to charge
full name as appears on credit card

my credit card listed bellow for the amount of \$ _____
put total amount inc GST

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholders agreement with the Issuer.

card holder signature

date

Credit Card Type (circle one):	Diners (2.5% Surcharge)	American Express (2.5% Surcharge)
	MasterCard	Visa

Credit Card Number: _____ Code _____

Expiration Date: _____ / _____.

Full Name (as it appears on the card): _____

Company Name (if applicable): _____

Address (billing address for credit card statement):

Phone: _____

Fax: _____

Please mail Data Rescue, Suite 1, 875 Glenhuntly Road, Caulfield South, VIC. 3162. Fax 03 9532 7957 or scan and e-mail to recovery@datarescue.com.au

**PLEASE NOTE YOUR CREDIT CARD WILL BE PROCESSED FOR THE NOMINATED AMOUNT ONLY
WE DO NOT KEEP THESE DETAILS ON FILE.**

Internal Use Only: AUTHORIZATION #: _____ Date: _____ (Credit Card will be charged upon receipt of drive)
