

Black + White Payment Details

Attn: Credit Management

Black + White Member Service

Once completed please either FAX to 0800 895 589

Or, scan and email to service@team.bw.co.nz

Or, mail to the following address:

PO Box 302843

North Harbour

North Shore City 0751

Personal Details						
Title	Mr	Mrs	Miss	Ms	Dr	circle
Name						
Company Name						
Black + White Member Number: (if available)						

Payment Details - Credit Card			
Credit Card Number			
Name on Card			Expiry
Card Type	Visa	MasterCard	American Express
			circle

I/We authorise Black and White Services Limited ("Black + White"), until further notice in writing, to arrange payment of the following sums, by charging my/our credit card (details above): 1) All sums due and payable in relation to the Black + White account detailed above; and 2) All sums which the above account holder (using my/our credit card details above) expressly requests Black + White to credit any other Black + White account, whether as a top up credit payment or an account balance payment for any sum which may be due and payable. I/We accept that the above credit card details will be stored by Black + White for use in accordance with the above authority and in accordance with Black + White's privacy policy and other terms and conditions as displayed on www.bw.co.nz

Name	
Position	
Signed	
Date	