



U15 264 – 272 Hoxton Park Rd  
Liverpool NSW 2170  
Ph: 02 9607 2299 Fax: 02 96083854

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## ACKNOWLEDGEMENT OF CREDIT CARD BILLING

Card Type (Please Circle)      VISA      MASTERCARD

I \_\_\_\_\_ Hearby Authorise For SYDNEY SPEED SUPPLIES  
To Bill My Card For \$ \_\_\_\_\_ AUD

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Security No: \_\_\_\_\_ (Last 3 digits on the back of the card)

Name Of Card Holder \_\_\_\_\_

Contact Phone No Of Cardholder \_\_\_\_\_

Contact Address Of Cardholder \_\_\_\_\_

Delivery Address If Different To Card Holder \_\_\_\_\_

Delivery Phone No If Different To Card Holder \_\_\_\_\_

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Signature X. \_\_\_\_\_      DATE \_\_\_\_\_

(CARD HOLDER)

**NOTE:** ALL information fields must be completed before the purchase will be processed.

**ATTACH A COPY OF THE FRONT AND BACK OF THE CREDIT CARD & D/LIC.**

**SYDNEY SPEED WOULD LIKE TO THANK YOU FOR YOUR ORDER!**