

Southside Milk & Food Supplies Credit Card Authority to Direct debt

**CARDHOLDER INFORMATION**

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email \_\_\_\_\_

Telephone: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card Type:  MasterCard  Visa

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

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize a one-time charge against my credit card for the follow amount \$ \_\_\_\_\_

I authorize a recurring charge against my credit card

Beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_

Ending  until further notice  until Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Southside Milk & Food Supplies

accounts@ssmilk.com.au

Order PH 3299 5281 | Fax 3209 3018 E [orders@ssmilk.com.au](mailto:orders@ssmilk.com.au)



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