CARD PRINT REQUEST

V 1 - 050213

PEGASUS SAFETY PTY LTD

COMMERCIALLY IN CONFIDENCE

426 King Street Newcastle NSW 2300

Phone: 1300 441 433

Email: [cardrequests@pegasus.net.au](mailto:cardrequests@pegasus.net.au)

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY DETAILS** | | | |
| Company Name |  | | |
| Contact Name |  | Phone |  |
| Date Requested |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CARDHOLDER DETAILS** | | | |
| Surname: |  | Given Names: |  |
| Card ID #: |  | Date of Birth: |  |
| Street Address: |  | | |
| Town / Suburb: |  | | |
| State: |  | Postcode: |  |
| Postal address (to send card): |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PAYMENT OPTIONS** | | **DETAILS** | | | |
| Payment Total | | $ 33.00 | | Incl GST Amount | $ 3.00 |
| Purchase Order No | |  |  | | |
| Credit Card | Bankcard |  | - - - / - - - / - - - / - - -  Expiry: - / - CVV # (last 3 digits on back of card) | | |
| MasterCard |  |
| VISA |  |
| Direct Deposit/EFT | |  | Account Name: Pegasus Safety Pty Ltd  BSB No: 082845 – Account No: 750 262 720 | | |

Please complete this form and email it to [cardrequests@pegasus.net.au](mailto:cardrequests@pegasus.net.au) Once processed, the Pegasus branded card will be posted to the address listed above.

To accept these conditions, sign here:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | |
| Card printed by (initials): |  | Invoice No: |  |
| Posted (Date): |  | Payment Processed (if EFT): |  |