

M2 NZ Ltd PO Box 90490 AMSC Tel: 0800 628 255 Fax: 0800 329 464 Email: info@m2nz.co.nz Website: www.m2nz.co.nz

**APPLICANT DETAILS**

Date:	Customer / Company / Name:	Account Number:	
Site Address:	Suburb:	State:	Postcode:
Customer Contact:			
Phone:	Mobile:		
Fax:	Email:		

**REQUEST AND AUTHORITY TO DEBIT**

Request and Authority to debit the account named below to pay M2 NZ Limited

Company Name, Trading Name or Surname:	ABN or Given names:
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Request and authorise M2 NZ Limited (CN: 1750309) to arrange for any amount M2 NZ Limited may debit or charge you (as described in Schedule 1) as specified below and subject to the terms and conditions of this Direct Debit Request.

Direct Debit from Credit Card  
(Complete Schedule 1)

**SCHEDULE 1 - Insert details of credit card to be debited**

**CREDIT CARD DETAILS:** By providing this information you are authorising M2 NZ Limited to process payments using the following credit card details for your monthly charges for the Services.

Cardholder's Name:	<input type="text"/>	Credit Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder's Signature:	<input type="text"/>	Card Type:†	<input type="text"/>		Expiry Date:	<input type="text"/>	<input type="text"/>

† VISA, AMEX, Diners, or MasterCard accepted.

**PAYMENT TERMS:** Debits may be made fourteen days after the issue of a billing advice or as per our Summary Standard Form of Agreement.

**ACKNOWLEDGEMENT**

Signature of Applicant One:	Date:
Signature of Applicant Two:	Date:

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and M2 NZ Limited as set out in this Request. You authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the payment terms. You confirm account details are correct and that this request is signed by required number of authorised signatories.

**PLEASE RETURN THIS FORM BY EITHER;**

**FAX: 0800 329 464  
OR**

**MAIL: M2 NZ LTD, PO BOX 90490, AMSC, AUCKLAND NZ 1142**