



Floor 3, Sentinel House, 586 Victoria St, PO Box 1108, Hamilton, 3204, New Zealand
Phone: 07 838-9949 Facsimile: 07 838-1661 www.nielsenlaw.co.nz

CREDIT CARD PAYMENT

Card Holder's Name: _____
(as it appears on your Credit Card)

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date: ____/____
 Month Year

Security Code: _____
(back of card)

Credit Card type (please circle): Visa / MasterCard / Debit card

AMOUNT: \$ _____ (NZD)

Reference: _____ (invoice number or client name)

I/we authorise NIELSEN LAW, to arrange payment of the above sums due and payable in relation to my/our monthly invoice by charging my/our Credit Card (details above).

I/We accept that the above Credit Card details will be stored by NIELSEN LAW for use in accordance with NIELSEN LAW'S Terms of Engagement and the privacy obligations contained therein.

(Signature)

(Print Name)

(Date)