



50 Cyanamid St LAVERTON NORTH VIC 3026

## COD PAYMENT FORM

This form must be completed and returned to Shamick Transport prior to each service.

### **Option 1 – Pay Via Credit Card** (Credit Card fee of 1.5% for payments more than \$1,000)

I \_\_\_\_\_ being the \_\_\_\_\_  
Print name Title  
of \_\_\_\_\_  
Company Name and ABN/ACN

Hereby authorise Shamick Transport Pty Ltd to debit my Credit Card the amount of  
\$ \_\_\_\_\_ for initial payment of Service \_\_\_\_\_  
I also authorize Shamick Transport to debit my credit card for any further charges that  
related to this service.

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(CCV Security code is on the back of a Mastercard or Visa card, on an AMEX it's 4 numbers on the front of the card)

Name on Card: \_\_\_\_\_

Expiry: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

Information provided is for the exclusive use of Shamick Transport Pty Ltd (ABN 83 140 125 677) and will not be made available to third parties without your written permission. Shamick Transport handles personal information according to the Privacy Policy that is consistent with the National privacy Policy.

### **Option 2 – Pay Via Direct Debit**

Customer Name for Billing: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Bank Details for EFT: Name: Shamick Transport BSB: 083-535 ACCT: 571815334

Please send bank remittance to [accounts@shamick.com.au](mailto:accounts@shamick.com.au) prior to service