



CREDIT CARD AUTHORISATION

I _____ of _____

_____ (Company name) hereby give authorisation to All Interactive

Distribution to use my credit card number for any purchases which are made on the above

account during the period of _____ to June 30, 2011

Account Code: _____

Cardholder's Name: _____

Credit Card Number:

Card Identification Number:

(Identification Number is last 3 digits of number printed on the back of your card above your signature)

The expiry date shown on my card is: /

Bankcard MasterCard Visa

Cardholder's signature:

Dated: _____

**PO Box 3138 Helensvale Town Centre
QLD 4212
Phone: 1300 855 881 Fax: 1300 855 882**