

Payment Options

Customer Name: _____

Contact Phone: _____

Reference: _____ Invoice Number: _____

1. Credit Card Payment

MasterCard Visa Bankcard
American Express Diner Club

Expiry Date: ___ / ___ / _____

Name (as it appears on the card): _____

Signature: _____

I/We authorize Insight to make deductions from my credit card account for sums due to Insight, as invoiced to me

Insight will contact you prior to any change to the date or frequency of the deduction. I understand that this agreement is governed by the Service Policies as published on the Insight CCS web page located at www.insightccs.com.au

2. Electronic Transfer

Insight Account Details

BSB: 0 6 2 – 2 5 7

CBA Account Number: 1 0 0 6 4 5 8 3

Name: Loughlin Pty Ltd

Reference: _____ **Invoice Number:** _____

If paying by direct deposit, please email remittance advice to lorren.liu@insightccs.com.au or fax the same advice to 08 9324 2655.

3. Please return this completed page via

- Email Address: lorren.liu@insightccs.com.au
- Fax Details: 08 9324 2655
- Postal Address: PO Box 968 Strawberry Hills, NSW 2012

4. Mail cheque or money order to the address above.

5. If you wish to discuss the payment options for your account, please contact: Dee Hartung on 1300 733 101.

Loughlin Pty Ltd (ACN 077 589)
PO Box 968 Strawberry Hills 2012

Phone: 1300 857 357
Fax: 08 9324 2655
Email: customercare@insightccs.com.au
Website: www.insightccs.com.au

Sales Enquiries: 1300 739 837
Account Enquiries: 1300 739 871
Customer Care: 1300 734 603