MANUAL CREDIT CARD Nexion SA (Pty) Ltd Tel: 0861 639 466 TRANSACTION FORM Fax: 086 632 4835 Email: member@nexion.co.za Nexion Licensee..... www.nexion.co.za M06 Christiaan Barnard Memorial Hospital 181 Longmarket Street, Cape Town Sent by..... 8001, South Africa 1. INSTRUCTIONS Please complete in BLOCK LETTERS and fax signed form to Nexion Fax: 086 632 4835 or call 0861 639 466 for assistance. Original must be kept on file. This transaction will be confirmed by receipt within one working day. Please contact us on 0861 639 466 if you do not receive a receipt. Date 2. CARDHOLDER DETAILS Name on Card: 3. CARD DETAILS Note: For a straight or budget Transaction please check the apprpriate box VISA CARD TYPE: Straight: Budget Months: 12 18 6 24 Card Number Visa/Master/Diners: last 3 digits on back of card Expiry Date : CVV Number: Amex: 4 digits on front right hand side of card, under card number 4. TRANSACTION DETAILS Total amount to be collected: R Auth No: Transaction Reference: Member Reference: 5. LEGAL I/we understand and agree that I/we are ultimately responsible for the entire bill for goods and services rendered. I/we hereby request "instruct" and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account), or credit card in respect of all sums which now or in the future may be or become due and payable by me, howsoever arising and will continue until termination of our agreement or until cancelled by me/us in writing. All such withdrawals from my/our bank account or credit card by you shall be treated as though they had been signed by me/us personally. I/we understand that the withdrawals hereby authorized will be processed through a computerized system provided by Nexion SA (Pty) Limited and by the South African Banks and I /We also understand that details of each withdrawal will be printed on my/our bank or credit card statement or on an accompanying voucher. I/we agree to pay any bank charges relating to this debit order / credit card instruction. In the event of any rejection of this debit order due to lack of funds or any other reason under my/our control, a penalty of R100.00 will be levied. This authority may be cancelled by me/us by giving you thirty days' notice in writing, sent by prepaid registered post. I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be). ASSIGNMENT: I/we acknowledge that the party hereby authorized to effect the drawing(s) against my/our bank account or credit card may not cede or assign any of its rights to any third party without my/our prior written consent. I/we may not delegate any of my/our obligations in terms of this contract authority to any third party without prior written consent of the authorized party. 6. SIGNATURE I hereby grant permission to the specified Service Provider Nexion to retrieve funds due as outlined in the agreement above. Signature **Assisted By** (where legally necessary) CARD IMPRINT DETAILS FOR OFFICE USE ONLY (USE PENCIL TO IMPRINT CARD) RECEIVED: PROCESSED:

VERFIED:

In order to process later charge back, Nexion needs you to provide an imprint of the card