

ACKNOWLEDGEMENT OF DEBT & PAYMENT PLAN SCHEDULE

DATE:		REF. No.	
Client's Details: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other:			
Full or Legal Name:			
Trading Name:			
Physical Address:		State:	Postcode:
Billing Address:		State:	Postcode:
Email Address:			
Phone No:	Fax No:	Mobile No:	
<p>I/we hereby acknowledge that I/we owe a debt to _____ for the sum of \$ _____ being the Price of the Goods and Services supplied by «CustomerName» to me in relation to invoice/s # _____.</p> <p>In acknowledging this debt to _____, I/we agree to enter into a payment arrangement with «CustomerName», whereby we undertake to repay the debt in accordance with the following payment schedule.</p>			
Payment Schedule:			
1st Payment:	Due:	Amount \$:	
2nd Payment:	Due:	Amount \$:	
3rd Payment:	Due:	Amount \$:	
Final Payment:	Due:	Amount \$:	
		Total Payments	Amount \$:
Payment Method:	<input type="checkbox"/> Post-dated Cheques <input type="checkbox"/> Direct Credit (on-line payment or deposit organised by the Buyer) Quote the invoice number as a reference. <input type="checkbox"/> Credit Card Deductions (Credit Card authorisation below to be completed). Where the due date falls on a non-business day, _____ may draw the amount on the next business day. _____ will not change the amount or frequency of drawing without your prior approval. A surcharge may apply per transaction.		
Credit Card Authorisation:			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Diners			
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
CVV – 3 Digit Number on Back:	<input type="text"/> <input type="text"/> <input type="text"/>	CREDIT CARD DETAILS WILL BE DESTROYED AFTER PROCESSING.	
I request and authorise _____ to arrange payment of my account as per details above, by debiting my credit card account as described below. I acknowledge that _____ -may terminate this request at any time by written or verbal notice and I must adopt an alternative method of payment.			
Cardholders Name:			
Cardholder's Signature:		Date:	

I agree to make payments as per the above payment schedule and payment method. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of _____ which form part of, and are intended to be read in conjunction with this Acknowledgement of Debt & Payment Plan Schedule and agree to be bound by those conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

SIGNED (CLIENT): _____ SIGNED (SELLER): _____
 Name: _____ Name: _____
 Position: _____ Position: _____