



POWERED BY WXC
 FOR SUPPORT CALL 0800 123 456 COMMUNICATIONS

Credit Card – Payment Form

Customer Details

Your Name: Mr Mrs Miss Ms _____

Contact Telephone Number:() _____

Vodafone Next Generation Services Limited Account Number(s):

To pay your VNGS account by Credit Card,
 simply complete this form
 and return by mail to:

Vodafone Next Generation Services Limited
 PO Box 3296, Shortland Street,
 Auckland 1140

VNGS will notify you once your application
 has been approved

Your Credit Card Details

Credit Card type (please tick one box)

Visa Amex Diners MasterCard

Credit Card Number

Expiry Date: ____/____

Card Security Code (CSC)

Your signature (Credit Card account holder to sign only)

Authorised Signature: _____

Yes, I wish to have my payments automatically deducted from my credit card.

VNGS OFFICE USE ONLY

Date input ____/____/____

Initials: