



## PRODUCT ORDER FORM AUTHORITY TO DEBIT CREDIT CARD

### Your Firms Details

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ ABN Number: \_\_\_\_\_

### Products and Resources

**Debtor Management CD:** Learn to become better at PLANNING your cash flow, COLLECTING your outstanding monies, improving the EDUCATION of team members and clients and overall PERFORMANCE of your accounting business! **Price: \$795**

I hereby authorise GPL Network to debit my credit card for \_\_\_\_\_ (inclusive of GST).

I wish to pay (please tick)       MasterCard     Visa

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_