

# Pfizer Credit Card Update Request



Account No. \_\_\_\_\_

Please fax completed form

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

to Fax: 1300 873 828

Emailing of this document will not be accepted due to privacy/security reasons

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**Please select the applicable below**

**Add Credit Card to my account**

All future invoices will be deducted from your credit card and is not retrospective. All prior invoices need to be paid via the previous payment method selected.

**Change existing Credit Card details**

This will update all open invoices with the new credit card details you have supplied. Terms on these invoices may change due to this process. See next page for details.

**Remove Credit Card from my account**

Any open invoices with this credit card will still be deducted on the due date.

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Please select the required Credit Card

Visa

Mastercard

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Signature of card holder: \_\_\_\_\_

Authorisation of Business owner

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

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

Date: \_\_\_\_\_