# Subscriber Details

## (for billing & mailing)

French Digital TV Australia

**SUBSCRIBER NUMBER:** __ __ __ __ __ __

In order to keep your account up to date please insert your new and correct address below

**NEW ADDRESS:**

First Name _____ Name _____ Phone (__) _____

Address _____ Fax (__) _____

Suburb _____ Poscode _____ State _____ E-mail _____

## CREDIT CARD

PLEASE TICK: VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐

**CARD NUMBER** **EXPIRY DATE**

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐ ☐☐

SIGNED IN (PLACE) AT _____ DATE ___/___/___

**SUBSCRIBER SIGNATURE (S)**
(IF JOINED ACCOUNT)

## DIRECT DEBIT

Name and Address of financial institution at which your account is held:
Please write your name in full:

I/We _____

COMPANY NAME _____ ABN/ACN _____

Name shown on the bank statement _____

**Bank / State / Branch / BSB number** (must be 6 digits) **Financial Institution Account Number**

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I request you **LBF Australia Pty Ltd ID 188057**

Until further notice in writing to debit my/our account describes in the schedule above, any amounts which LBF Australia Pty Ltd ("the user") may debit or charge me/us through the direct debit system.
I/we understand and acknowledge that:
1. The financial institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this request or any authority or mandate.
2. The financial institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this request as to future debits.
3. The user may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

SIGNED IN (PLACE) AT _____ DATE ___/___/___

**SUBSCRIBER SIGNATURE (S)**
(IF JOINED ACCOUNT)

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*E-mail abonnement@lbf.com.au*