



Access Point Credit Card Authority and Details

Access Point Code: _____

Access Point Name: _____

Authorisation Contact/s: _____

As per the Healthy Living NT ***Vendor Conditions of Use for Claiming Payment of Invoices***, I hereby authorise use of the following credit card for payment of specific invoices:

- the sale of HLNT stock held by your pharmacy on consignment;
- mutually approved HLNT stock that may be missing at time of stock take (this will need sign off from you or your delegated representative prior to processing)

MasterCard

Visa

Card Number _____

Name on Card _____

Expiry Date _____

Authorisation Signature _____

Darwin

Shop 1 & 2 Tiwi Place,
Tiwi NT 0810
PO Box 40113,
Casuarina NT 0811
Phone: 08 8927 8488
Fax: 08 8927 8515
E: info@
healthylivingnt.org.au

Alice Springs

Jock Nelson Centre,
7/16 Hartley Street,
Alice Springs NT 0870
Phone: 08 8952 8000
Fax: 08 8952 7000
E: alicesprings@
healthylivingnt.org.au

www.healthylivingnt.org.au
ABN 11 374 693 055

Healthy Living NT
is the trading name of the
Diabetes Association
of the Northern Territory
Incorporated.