

# CARD PAYMENT AUTHORISATION FORM

CARDHOLDER INFORMATION										
NAME ON CARD										
TYPE OF CARD		VISA		MC		AMEX		DISCOVER		OTHER
CARD NUMBER										
EXPIRATION DATE					CVC					

BILLING ADDRESS													
CITY							POST CODE						
PHONE				EMAIL									

AUTHORISED USER OF CARD	
NAME	
COMPANY	
PHONE NUMBER	
EMAIL ADDRESS	
TYPE OF CHARGES	
AUTHORISED AMOUNT	
DATE OF CHARGE	

## **AUTHORISATION OF CARD USE**

I certify that I am the authorised holder and signer of the card reference above. I certify that all information above is complete and accurate.

I hereby authorise collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORISED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorised a new form will have to be completed.

CARDHOLDER NAME				
SIGNATURE			DATE	

