



CREDIT CARD PAYMENT AUTHORIZATION FORM

Please enter your company information and credit card details as instructed.

Company name / Customer name

Card Type

Visa

MasterCard

Amex

We do not accept other cards than those indicated

Card Number

Expiry Date

mm

yyyy

Card security code

Cardholder's name

Cardholder's address

Cardholder's signature

Electronic signature accepted

Please indicate how you wish to receive the payment receipt

Fax

E-mail

Please double-check your details – if they are incorrect, we may have to return your form. Your signature on this form indicates acceptance of these terms and authorises us to charge the amount of the invoice(s) to your card.