

CREDIT CARD AUTHORIZATION

PLEASE FAX TO: +27 21 856 1174 / + 27 86 675 8584

Name on Credit Card:

Telephone Number:

| | | | | | |
|-------|--|-------|--|-------|--|
| Cell: | | Work: | | Home: | |
|-------|--|-------|--|-------|--|

Credit Card Number:

| | | | | | | | | | | | | | | | |
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CCV number (3 digits on the back of card):

Straight

Budget Months 6 12 24

Expiry Date:

Amount to be deducted:

Signature:

Reference (Your Name):