

CREDIT CARD AUTHORISATION

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Date

CREDIT CARD HOLDER INFORMATION Name on credit card Type of credit card Visa VSA Master Card Card number Expiry date CVV number Authorised amount Job number **AUTHORISED USER OF CREDIT CARD** Name Company trading name Address Phone number **Email** address Driver's license number I hereby authorise collection of payment for all charges related to the job number indicated above. If additional charges are going to be authorised a new form will have to be completed. I certify that I am the authorised holder and signer of the credit card reference above and certify that all information above is complete and accurate.

This form will be disposed of upon processing of payment

Signature