CREDIT CARD AUTHORITY FORM
(For Third Party)

□ate: □ □ □

□□ □

Printed Name

Check only one:

□ □s the □ndi□idual cardholder□□here□□authorise this card to □e used for the pa□ment re□uired□

□ □s the compan□representati□e□□here□□authorise this card to □e used for the pa□ment re□uired□

Credit Card Information:

Name as it appears on the □ard:

□□pe of □ard: □ □S□ □ M□S□ER□□R□

Credit Card Billing Address: Street:

□it□: State: □ip □ode:

□elephone: □ri□er□s □icense:

□ardholder or □ompan□Representati□es Signature:

□ate: □ □ □

□ □here□□authori□e this card to □e used for the future charges to m□Sea S□ift □ccount □

Sign to authorise charges□pa□ments:

OFFICE USE ONLY:

Name of the person entering card details:

□ □confirm that card details ha□e □een entered into □PO□N□ data □ault to□enise and card information ha□e □een destro□ed□

Signature of the person entering card details:

(Perforate here)

CARD DETAILS

□□pe of □ard: □ □S□ □ M□S□ER□□R□

□redit □ard Num□er □ □ □ □ E□piration □ate □ □

Completed form and attachments to be sent via post, fax or email.

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