

CREDIT CARD PAYMENT AUTHORISATION FORM

Please complete and fax back to + 44 (0) 203 014 5374

TYPE OF CARD: Amex Mastercard Visa

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____

SECURITY CODE: _____ **

** (American Express Only – these numbers can be found on the front of your card above your credit card number)
(Please note for all Visa or Mastercard payments we charge a 2% transaction fee, Amex 4% transaction fee of the total payment)

RESIDENTIAL ADDRESS: _____

CONTACT NUMBER: PHONE: _____ FAX: _____

MOBILE: _____

PAYMENT AMOUNT: (the sum of, in words) _____

_____ £ / € _____

INVOICE NO: (office use only) _____

As the signatory of the above mentioned credit card, I agree that Dynamic Lives Ltd charge the amount described above.

NAME: _____

SIGNATURE: _____

DATE: _____ / _____ / _____