

CREDIT CARD AUTHORISATION FORM

I,			
Authorise Kosmas 8	& Co. to debit my	credit card as follows;	
Cardholders Name:			
Contact Phone Num	ıber:		
Address:			
Email Address:			
******	*******	*********	*******
Card Type:	☐ MasterCard	□ Visa	:
Card Number:			
Expiry Date:	/		
Card Validation Cod	le: (Last 3	digits of the number printed on	the signature panel)
Amount to Charge:	\$	for Invoice No(s)	
	\$	for Invoice No(s)	
Signature:			
Date: /	/ 2017		
Please tick delivery pr	reference if you red	quire a receipt Email	Post
******	*******	*******	******