

CREDIT CARD AUTHORISATION FORM:

On beha	alf of						
Event L	ocation:						-
Event D	ates:						-
CREDIT	CARD HOL	DER INFOR	RMATION:				
Title: N	Mr	Mrs	Ms	Miss			
Name (a	as appears o	n card) :					
Address	3 :						_
_							
	Numbers:		I				
Email A							
Credit C	ard Type:	Visa	a		MasterCar		
Credit C Date:	card Number _/	:			CCV:	_ Expiry	
I , charge etc.)	my credit ca	rd for the fol	, lowing charg	authorize T jes (i.e. re	he Corporate of thea	ation of Har tre, park, ver	nilton to ıdor fee
							

Total Amount to charge: \$	Initial		
Signature:	Date:		