



**DESIGNCOM**  
TECHNOLOGIES

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## Credit Card Authorisation Form

Company Name: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

I authorise the total amount of \$: \_\_\_\_\_

to be debited to my credit card by Design-Com Technologies.

Cardholders Name: \_\_\_\_\_

VISA  Mastercard

Card Number:

Card Security Code:  This is the 3 digit number on the back of your card.

Expiry Date:  /

Signature: \_\_\_\_\_

Please return your completed Credit Card Authorisation Form to Design-Com Technologies via post email or facsimile.

### Office Use Only

Payment Approved by: \_\_\_\_\_ Date: \_\_\_\_\_