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DEBIT/CREDIT CARD AUTHORISATION FORM

Please complete the details below in CAPITALS, using black ink.

Click Images Account Number: _____

Studio Name: _____

Surname: _____

Forename(s): _____

Please debit my: ☐ Visa ☐ Mastercard ☐ Delta ☐ Maestro ☐ Solo ☐ Switch

Credit Card No.:

Debit Card No.: **Issue No.** (Debit Card Only)

Card Valid Date:

Card Expiry Date:

CVC/Security No.:

Cardholder's Signature: _____ **Date:** _____

I authorise Click Images Limited to charge the above credit/debit card for all completed orders. I will notify any changes to the above details in writing to the address below.

Cardholder's Name:
(BLOCK CAPITALS - As it appears on the Card) _____

Position in Company: _____

Contact Telephone No: _____

Cardholder's Address: _____

_____

_____

0843 289 9645

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