



CREDIT CARD AUTHORISATION FORM

2007 Membership Subscription

Member No: _____

Name: _____

Company: _____

Address: _____

Credit Card: Mastercard/ Visa / Amex /Switch / Solo / Visa Electron

Card Start Date: _____ **Card Expiry Date:** _____

Card Number: _____

Security Code (found on reverse of card): _____

Issue Number if Switch or Solo: _____

Card Holder Name as on card: _____

Card Holder Address (if different from above): _____

Amount Authorised for Payment £ _____

Signed: _____ **Date:** _____