Credit/Debit Card Payment Authorisation Form

Please complete the authority below and return it with your fully completed, signed application form.

I authorise Mayfair Bridging Limited to charge the sum of to my: £

Visa / Mastercard / Delta / Switch / Electron / Solo - please specify *(delete as appropriate)*

.....

Name of Cardholder *(as written on card)*:

Billing Address of Cardholder *(including postcode)*:

Card Number:

Valid From: Expiry Date:

Issue Number: Security Number *(last 3 digits found on the signature strip)*:

Cardholder's Signature: Date: