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CREDIT CARD AUTHORISATION FORM

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Phone: _____

Email: _____

Credit Card Type: Visa MasterCard American Express

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Card Holders Name: (As it appears on your card) _____

Credit Card Expiry Date: (MM/YYYY) _____

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I have read and agree to the Terms & Conditions and Refunds & Cancellations policies

Card Holders Signature _____

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