

CREDIT CARD AUTHORISATION FORM

Company Information		
Card Type	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	AMEX is NOT accepted
Card Number		
Issue Date	Expiration Date	Security Code (last 3 digits on back)
Name as it appears on the card		
Registered Address		
	City	Zip/Post Code

Job Information		
Job Reference		
Job number	Quote/Invoice Number	Amount to be charged

I hereby authorise the immediate payment on the above mentioned card for the agreed amount:		
Signed	Print Name	Date

Legal Conditions
<p>By signing this form you give us permission to charge the amount agreed on your credit card on or after the authorised date; you confirm that you are authorised to charge this credit card and you will not dispute the payment with Zero Division's card handling company. You are giving permission for this single transaction only and we will not debit or credit any additional amounts from/to your account. We do not store credit card details nor do we share customer details with any 3rd parties. Zero Division will add a 3.5% transaction fee to all card purchases.</p>

Please fax or e-mail the completed form to:

Fax: **+44 (0)207 900 6350**
 E-mail: **info@zerouk.com**