



CREDIT CARD AUTHORISATION FORM

Please complete this form and fax to African S Capes on (02) 9453 1301

NAME ON CARD: _____

CREDIT CARD TYPE: (Please Circle) VISA / MASTERCARD / AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

ISSUE DATE: _____

EXPIRY DATE: _____

CARD HOLDERS NAME (IN FULL): _____

CARD HOLDERS BILLING ADDRESS: _____

CARD HOLDERS BILLING TELEPHONE NO: _____

DATE: _____

I hereby authorise African S Capes to deduct AUD\$ _____

CARD HOLDERS SIGNATURE: _____

**** CREDIT CARD PURCHASES WILL INCUR A 3% FEE**

AFRICAN S CAPES

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