

Name of Applicant	
Reference Number	

## **Credit Card Payment Authorisation Form**

	<b>DETAILS</b> Please complete the authority below and return it with your fully completed, signed application form.
I authorise Capital & Equity PLC to charge Payment details	Visa Mastercard Delta Switch Electron Solo
Name of cardholder (as written on card)	
Billing address of cardholder	
	Postcode
Card number	
Valid from	
Expiry date	
Issue number	
Security number (last 3 digits found on the signature strip)	
Signed	
Date	