Credit Card Authorization and Consent Form

I,		hereby authorize
payment of the o	outstanding	charge my credit card, on a monthly (or weekly) basis as invoice/advance against my monthly (pending) orders of may vary from month to month.
This authorization	n is in effe	ct until expressly withdrawn.
Type of Card	Visa	MasterCard AMEX
Credit Card N	lumber:	
Expiration Da	ate & CVV (Code:
Name of Car	dholder:	
Credit Card b	illing addre	SS:
Authorized S	ignature of	Cardholder
Signing this, I ac	knowledge	the charges described hereon and assume full responsibility
for said charges	and agree	to honour and abide by the terms of payment
Signature:		Date:
s: Please attach Photo copy of f 2. Photo copy of c - Driver's Lice - Passport	one of below	ack of credit card v form of photo ID (Front and back where applicable)

- Gym Membership