

CREDIT CARD AUTHORIZATION FORM

I hereby authorize payment in respect of all charges to Trophy Care
t/a (trading as) Trophy Solutions Africa by credit card.

Client Name _____
(exactly as it appears on credit card)

Client Number _____

Complete Address _____

Amount (to be processed) USD \$.

Type of Card MasterCard Visa Diners AmEx

Credit Card No.

Expiration Date / (mm/yy)

CVV Security No. (MC / Visa / Diners - three digits on reverse side)

CVV Security No. (AMEX - four digits on front of card)

Signature

Date

PLEASE INCLUDE COPIES OF FRONT AND BACK SIDES OF CREDIT CARD
TRANSACTION WILL NOT BE PROCESSED WITHOUT CLEAR COPIES

PLEASE COMPLETE THIS FORM IN DETAIL
SCAN AND EMAIL TO contact@trophy-care.com

Trophy Solutions Africa cannot be held responsible for statutory
3rd party increases (or decreases) such as currency fluctuations.

For Office Use Only

Date Posted:
Date Processed #1:
Date Processed #2:
Date Processed #3:

Date Received:
Approved Declined
Approved Declined
Approved Declined

EXCHANGE RATE: .