CREDIT CARD AUTHORIZATION FORM

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

Client Name	(exactly as it	appears on credit card)	
TSA Client Number			
Complete Address			
Total Amount	\$		
PLEASE INCLUDE A C	OPY OF THE FRO	ONT AND BACK SIDES C	F CREDIT CARD
Type of Card	MasterCard	Visa [Diners Club
Credit Card Nr			
Expiration Date	/	(mm/yy)	
CVC Security Nr	(last t	hree digits on reverse side	of card)
Signature		Date	
PLEASE (HIS FORM IN DETA 7-12-349-8388	IL AND
OR SCAN	_	TO <u>info@trophy-ca</u>	re.com
	For Office	ce Use Only	
Date Posted: Date Processed #1: Date Processed #2: Date Processed #3:		Date Received: Approved Approved Approved	Declined Declined Declined
EXCHA	NGE RATE:		