



REG: 2003/030417/07

CREDIT CARD AUTHORISATION FORM

Description of Charge

Description	Horse Riding Goods
Amount	
Postage / Courier	
Vat	
Total Amount Charged	

Credit Card Holders Details

Full Name and Surname	
Address	
Contact Phone Numbers	
Email Address	

Credit Card Details

Type of Credit Card	<input type="checkbox"/> Master	<input type="checkbox"/>	<input type="checkbox"/> Visa	<input type="checkbox"/>	<input type="checkbox"/> Diners	<input type="checkbox"/>	<input type="checkbox"/> AMEX	<input type="checkbox"/>
Name on Credit Card								
Credit Card Number								
Expiry Date of Credit Card MM/YY								
CVV number (last 3 / 5 digits on back of credit card)								
(Please tick)	<input type="checkbox"/> Straight	<input type="checkbox"/>	<input type="checkbox"/> Budget	<input type="checkbox"/>	<input type="checkbox"/> Months (6,12,18.....48)			

I _____ hereby authorise Solo Saddlers to debit my credit card for charges as detailed above.

SIGNATURE: _____ Date _____

Once completed please fax back to : +27 (0) 86 550 5398