



PATCHES & LABELS CO.

A Division of Law & Law Consultants, Inc.

CREDIT CARD AUTHORISATION FORM

To : Account Receivable
Patches & Labels

Date :

From: _____

Please apply charges to my credit card to pay my account :-

Credit card # _____

Credit card Type : Visa / Master card _____

Cardholder's name : _____

Expiry Date : _____

Total Amount : _____

Cardholder's signature : _____