



CREDIT/ DEBIT CARD AUTHORISATION FORM

APPLICANT ONE:	
APPLICANT TWO:	

PLEASE DEBIT THE FOLLOWING DEBIT/ CREDIT CARD WITH THE FOLLOWING AMOUNT(S):

FEE TYPE	AMOUNT
LEGAL FEE	£

CARDHOLDER FULL NAME:	
CARDHOLDER FULL ADDRESS:	

Acceptable cards (please place a tick to the right of the relevant card type:

Visa Delta Mastercard Switch

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Valid From:

Expiry Date:

***Security Number**

Issue Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Authorisation Signature:		Date:	
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**last 3 digets on the reverse of the card*

Tiuta
21 Ely Place, London, EC1N 6TD
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