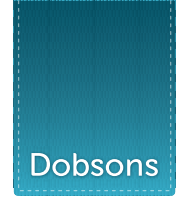




# AUTHORITY TO USE CREDIT CARD



*school uniform specialists*

Card Type          

Card Number:               

Expiry Date:     /     Verification Code:

Please debit my account of an amount not exceeding \$ \_\_\_\_\_

for the following item(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_