

CREDIT CARD AUTHORIZATION FORM (LONDOCOR)

Please complete the following in full:

I (full name)
hereby give permission to Londocor to charge the following credit card:

Type of card: Master Card Visa Card

Card Number:

Expiry date: CVV number:

Name of cardholder:

Amount to be debited:

For (name of event or congress):

Signature:

E-mail address where receipt should be sent to:

.....

Cellphone number of card holder:

Contact details for Londocor:

Tel: +27 11 954 5753

Fax: =27 11 954 6100

E-mail: riana@londocor.co.za (accounts)

www.londocor.co.za