



STAR VISA SERVICES LIMITED

www.starvisaservices.co.uk

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VAT Registration
No.GB 882 2999 68

PAYMENT AUTHORIZATION FORM

Please complete all fields, sign and include this form with your application.

Card Type: Visa Debit Visa Credit Master American Express Maestro

Card Holder's Name: _____
(As it appears on card)

Card Number: _____

Valid form: _____(MM/YY) Expiration Date: _____(MM/YY)

Issue Number: _____(If Applicable)

Security Code: _____(Last three digits at the back of the card on the signature strip)

Billing Address:

Tel: _____ Fax: _____

Email: _____

Amount to Debit: _____

I hereby authorize Star Visa Services Limited to debit my account for payment.

By sign below, I acknowledge charges described hereon. Payment in full is to be made when billed in accordance with the standard policy of the card issuer. I am also aware that all fees are non-refundable.

I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS ABOVE.

Card Holder's Signature: _____

Date: _____(DD/MM/YY)