

QUEENSBERRY

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Authority to Charge My Credit Card

Please mail or fax to Queensberry

To Queensberry

Studio Name _____

Address _____

_____ Post Code _____

Telephone () _____ Facsimile _____

Check one MasterCard Visa Amex

Name on Card _____

Card Number _____

Expires _____ / _____

I authorise you to debit my credit card to pay my orders **once you have confirmation from me that your interpretation of my order is correct.** I understand that this authorisation remains in force until I cancel it in writing.

I authorise you to debit my card to pay for my orders once my order has been processed. It will not be necessary for me to confirm my order.

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Signature on Card _____