



THE FOLLOWING MUST BE COMPLETED BY THE CARDHOLDER FOR THE CREDIT CARD INDICATED BELOW AND SIGNED BY THE AUTHORIZED USER ONLY.

Send the completed form to info@ascottcls.com

NOTE : FOR NEW CUSTOMERS : A COPY OF BOTH SIDES OF THE SIGNED CREDIT CARD AND VALID IDENTIFICATION MUST BE SUBMITTED WITH THIS FORM

Company Name	
Primary address	
Billing contact First & Last Name	
Billing contact Email	
Billing contact Phone No.	
Booking contact First & Last Name	

Payment Credit Card Authorization

MasterCard
 Visa
 American Express

Credit/Debit Card Information:

1. Card Number: _____ Security code: _____
2. Expiration Date (Month/Year): ____/____
3. Name as it Appears on Card: _____
4. Card Holder Billing Address: _____
5. City: _____ State: _____ Zip Code: _____

Card Holder Signature: _____ Date: _____

I, _____, AUTHORIZE ASCOTT CLS TO PROCESS THE ABOVE CREDIT CARD AS "CARD ON FILE" FOR USE OF SERVICES.
