

Payment Authorisation Form

Name on Card:				
Credit Card Type:	Visa	Mastercard	Discover	AmEx
Credit Card Number:				
CVV Code: Expiration Date:				
during the term of m bank cardholder agre I authorize the CI Ma	arina Ltd. to ny slip licens eement.	e. I agree that I wi	ll pay for this pu	ard provided each and every month urchase in accordance with my issuing ils provided above.
services you have ret the steps we take to	quested. The protect you can protect	e full details of how or privacy, can be f	w we use the pe ound at <u>Privacy</u>	use your personal data to provide the ersonal data you provide to us, and Policy. Any questions related to the hts should be directed to
I have read and ac	cept the <u>Pri</u>	vacy Policy and <u>Te</u>	rms of Use	
Signature:				
Date:				
Print Name:				
Additional Supportin	g Documen	ts:		
1) Copy of front and	back of cred	dit card.		
2) Imprint of credit c	ard.			