

Credit Card Authorisation Form

Please complete all fields. You may cancel this authorisation at any time by contacting us. This authorisation will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	<u>PEDRO ARGUELLO ALOZA MARINE VISION, S.L.</u>
Last 4 digits of Card Number:	<u>9490</u>
Expiry Date (mm/yy):	<u>04/25</u>
Cardholder Postcode (from credit card billing address):	<u>29649</u>

I, Pedro Argüello Alox, authorise VANDAGRAPH LIMITED to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

MARINE VISION, S.L.
C.I.F. B-29.420.163
Pol. Ind. La Vega, Local 19
29650 PUJOS - COSTA (MÁLAGA)

Pedro Argüello Alox
Customer Signature

06/Sept/23
Date