

WINGATE BRAKE & STEERING CENTRE WINGATE MOTORS C.C.

ATTENTION: _____ DATE: _____

FAX NUMBER: _____

CARDHOLDERS AUTHORITY TO DEBIT CREDIT CARD
FOR REPAIRS/PURCHASES FROM WINGATE MOTORS c.c. T/A WINGATE BRAKE AND STEERING CENTRE

I _____ HEREBY AUTHORISE WINGATE MOTORS c.c. TO
DEBIT MY CREDIT CARD FOR THE CHARGES SHOWN AS PER INVOICE NO. DETAILED BELOW:

NAME OF CARD HOLDER _____

STATEMENT BILLING ADDRESS _____

TELEPHONE NUMBER (WORK _____ (MOBILE) _____)

NAME OF BANK _____

CARDHOLDERS ID NUMBER _____

TYPE OF CARD (Visa, Master, Diners only) _____

CREDIT CARD NUMBER _____

EXPIRY DATE OF CARD _____ SECURITY NO (3-Digets) _____ on back of card

PAYMENT FOR WORK AS PER INVOICE No. _____

NAME OF CUSTOMER _____

TELEPHONE NUMBER (WORK _____ (MOBILE) _____)

EMAIL: _____

ID NUMBER No. _____

AMOUNT INCL VAT IN RAND R _____ : _____ C

PAYMENT PREFERENCE: TICK IF FOR STRAIGHT: _____ BUDGET 6 / 12 / 24
(circle number of months)

CARDHOLDERS SIGNATURE _____

DATE _____ / _____ / 200_____

**PLEASE FAX THIS FORM ACCOMPANIED BY A COPY OF YOUR ID, COPY OF
THE FRONT AND THE BACK OF THE CREDIT CARD TO 011 334-5993 or 4304**

Prop: WINGATE Motors c.c: Tel 27 11 334-7030 / Fax 27 11 334-5993/ www.winbrake.com

FOR OFFICIAL USE ONLY - CREDIT CARD AUTHORISATION

AUH CODE: _____ DATE: _____ / _____ / 20 _____ NAME OF AGENT AT BANK: _____