

**AUTHORISATION TO TAKE PAYMENT FROM CREDIT CARD WHEN DUE**

**Arrow Group  
Arrow Safety wear  
Arrow Maxflex  
Gatwick Finance**

**Norwood Hill, Horley, Surrey, RH6 0HR, UK,**

Please provide the following details of authorisation for Arrow Group to debit payment from your credit card, as and when invoices/proformas are due.

Company Name: .....

Name On Card : .....

Card Type (i.e. MasterCard): .....

Card Number: .....

Address Of Card: .....

Post Code : .....

Expiry Date: .....

Issue Number (If Switch card): ..... Card Verification Number: .....



Please inform Arrow Group of any queries immediately to avoid payment being debited from your card in error.

If your credit card details change, please inform Arrow Group and we shall issue you with another consent form.

**Authorisation of the above**

Signature.....

£: .....:.....p

Name in Block Letters.....

Position in Company.....

Date.....