

Credit Card Authorisation Form

Dear Sir/Madam,

Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please email scanned copy to info@aicc.ie.

Cardholder Information - Required

Name as it appears on the credit/debit card: _____

Card type: Visa MC Individual (personal credit card)

Corporate ' Company Name _____

Account number: _____ Exp. date: _____

Address:

(where statement is mailed)

City: _____

Phone number: _____

I certify that all information is complete and accurate. I hereby authorise THE ARAB- IRISH CHAMBER OF COMMERCE to collect payment and I certify that I am the authorised signer of the credit/debit card listed above.

Cardholder name (Printed):

Cardholder Signature:

Dated: _____

غرفة التجارة العربية الايرلندية
Arab-Irish Chamber of Commerce

