Payment by Credit Card – Master Card / Visa (Recurring/One Time)

Note: 4% administration fee must be added to the charge amount.

Corporate / Company Information	
Customer / Company Name:	Certificate of Incorporate / Business Reg No.:
Registered / Correspondence Address:	Main Tel No.: Fax No.:

Authorized Contact Information	
For Corporate Companies, please state authorized name:	NRIC / Passport / FIN No.:
Email Address:	Tel/Handphone:

Transaction Type:	□Recurring □ One Time	
Type of Card (Please Tick)	□ Visa □ Master Card	
Full Name on Card (Use Capital Letters Please)		
Address card is registered under (If different from the billing address)		
Credit Card Number	- - -	
Card Expiry Date	/ m m y y	
Start Date	/ / d d m m y y y y	
End Date	/ / d d m m y y y y	
Amount	**Recurring** SGD$ _____ **Frequency** ❑ Monthly ❑ Quarterly ❑ Yearly	**One Time** SGD$ _____

DECLARATION AND AUTHORIZATION to deduct payment from the above credit card

I, as the authorized signatory of the credit card detailed above, agree and authorize LGA Telecom Pte Ltd to deduct the above-mentioned sum on receipt of this form. (This authorization is to remain in force until it is canceled by us in writing)

Please sign (handwritten signature essential) and return this form by fax or post to the address below.

_____

Name:
Date:

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