

CREDIT CARD AUTHORITY FORM

PAYMENT FROM:

NAME: _____

ADDRESS: _____

COUNTRY: _____

E_MAIL: _____ TELEPHONE: _____

Please charge my credit card for the the amount of AUD\$_____, being payment for the order for photographs placed with Darren Jew via his website, www.darrenjew.com

CARD TYPE: (please circle one) MasterCard / VISA / Bankcard

CARD NUMBER: _____

EXPIRY DATE: _____ / _____

NAME ON CARD: _____

SIGNATURE OF CARDHOLDER: _____

AGREED AMOUNT: AUD\$ _____ including delivery

DATE: _____

FAX TO: +61 7 3269 3895

Your credit card statement will have this transaction attributed to Living Image, Brighton
This form should be faxed or mailed. For security reasons, do not send via e-mail.

Thank you for your payment.

Darren Jew, photographer

Living Image PO Box 105 Sandgate Queensland 4017 Australia

Tel: +61 7 3269 2059 Fax: +61 7 3269 3895 E-mail: info@darrenjew.com