

# CREDIT CARD PAYMENT AUTHORIZATION FORM



## Payment Details

Please select where applicable:

  

Credit Card No:

-     -     -

Expiry Date:

/     (MM / YYYY)

Name on card: \_\_\_\_\_

I, \_\_\_\_\_ (VISA / MASTER cardholder) hereby authorize Alpha Singapore to bill the amount of S\$\_\_\_\_\_ (Singapore Dollars) to the above credit card as payment of \_\_\_\_\_.

\_\_\_\_\_  
Signature of cardholder

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Contact No: \_\_\_\_\_