

Limhamns Hyrverk®
Box 66
SE-233 22 Svedala, Sweden

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD HOLDER NAME: _____

TYPE OF CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CARD SECURITY CODE: _____

BILLING ADDRESS: _____

AMOUNT: _____

ORDER NUMBER: _____

Authorize LIMHAMNS HYRVERK AB to charge my credit card.

Signature

Date and place

Send to invoice@limhamnshyrverk.se