



CREDIT CARD AUTHORITY

PLEASE PRINT CLEARLY

I request ILG until further notice in writing, to debit my credit account described below, with any amounts which ILG may debit or charge me.

DETAILS OF ACCOUNT TO BE DEBITED:

Name of Outlet:

Full name of cardholder:

Type of card: Amex Bankcard Mastercard Visa

Card Number:

Date of Expiry:/...../.....

Signature of Cardholder: Date:/...../.....

- * Please note Amex attracts a flat service fee of 2.00%.
- * Please note Visa/Mastercard attracts a flat service fee of 0.85%.

*Note: No Service fee if you pay by Direct Debit. Please see Direct Debit Authority

PLEASE NOTE:
IT IS IMPORTANT TO CHECK THAT ALL DETAILS ARE CORRECT, OTHERWISE THIS AUTHORITY WILL NOT BE VALID.