



JJRInc.
ATTORNEYS

AUTHORISATION FOR USE OF CREDIT CARD

I, Mr./s _____ (ID nr _____) hereby give authorisation to **JARVIS JACOBS RAUBENHEIMER INC.** to **DEBIT** my credit card for the amount of R_____ (amount in words)

_____ This amount is for legal services rendered by JJR Inc. Attorneys under reference number: _____

CARD TYPE: _____ EXPIRY DATE: _____ CVC AUTH NR (3 digits) _____

CARD NUMBER: _____

CLIENT TELEPHONE NUMBERS: TEL: _____ CELL: _____

EMAIL ADDRESS: _____

COMPANY NAME: _____

POSTAL ADDRESS: _____

CARD HOLDERS SIGNATURE: _____ DATE: _____

Please fax or e-mail the completed authorisation form to: Fax +27 (0)12 362 5786 or accounts@jjrinc.co.za.

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