



1 Cullinan Street, Waterfront, Cape Town, PO Box 51319, Waterfront, 8002

CREDIT CARD AUTHORISATION FORM **AUTHORISATION FORM**
SABS

To: Ms Isabel Renisson
E-mail/Fax: isabel@sabs.co.za
Fax: +27 12 428 5027
Group Name: ISO General Assembly

Please complete the following details and fax to +27 12 428 5027

We/I _____, hereby give authorisation to The Cullinan
Hotel, to deduct the amount of _____ from our/my credit card.

Card Number: _____

CVV No: _____

Expire: _____

Card Holder's Name: _____

ID/Passport Number: _____

Telephone Business: _____

Telephone Private: _____

Authorised Signature: _____ Date: _____

**NB: We only accept Diners, Master, VISA and American Express Cards.
Please include a copy of the front and reverse of the credit card to be charged.**