

CREDIT CARD FORM

DATE: _____

ESCO LEASING PTE LTD

278 RIVER VALLEY ROAD SINGAPORE 238319

RE: CREDIT CARD AUTHORISATION

FULL NAME	
MAILING ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	
FAX NUMBER	

I _____ (Full Name) on this _____ day of _____ 20_____, do hereby irrevocably authorise ESCO Leasing Private Limited to debit my American Express credit card with the amount of S\$_____ being payment made for _____.

NAME (AS PRINTED ON CARD)	
CREDIT CARD NUMBER	
CARD ISSUING BANK	
EXPIRY DATE	

Sincerely yours,

(Signature as on card)

*Please download and print out, fill up in block letters and email to us :
mail@gallery278.com/fax to us at 65-67370322.