NOVA BUSINESS SERVICES LIMITED

Credit Card Authorization Form

PAYMENT BY VISA OR MASTERCARD

Please complete all boxes below. (Please print.)

□VISA □MasterCard

Credit Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Security Code: _ _ _ _

Expiration Date: _ _ _ _
Month Year

Card Holder Name: _____

Card Holder Billing Address *(address to which the credit card invoice/statement is mailed)*:

Company Name: _____

Street: _____

_____

City: _____

Postal Code/Zip: _____

Country: _____

Telephone: _____ Fax: _____

Email address: _____

Signature: _____ Date: _____

COMPANY NAME	SERVICES DETAILS	Invoice Number	Amount (HKD)

Total Charges: _____

Please email this form to: billing@nova.com.hk