

## METHOD OF PAYMENT

In order to be invoiced on a 7 day account, please complete the following details.

Should any account/ payment be outstanding for more than 7 days your credit card will be charged for any outstanding amounts. Unless arranged in writing by management. Should you not wish to complete this form pre payment of your function is required 5 days prior to your function date.

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

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**Please select one of these options:** (Failure will result in guarantee for 7 days)

Please charge my credit card for the full amount as payment on the day of the function:

Please use this credit card as guarantee of full payment within 7 days:

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### **Credit Card (details)**

**Type of Card** \_\_\_\_\_

**Number** \_\_\_\_\_

**Expiry Date** \_\_\_\_\_

**Credit Card Holders Name** \_\_\_\_\_

**Signature of Cardholder as authorisation to charge the Credit Card** (as per the above terms):

\_\_\_\_\_

Authorised by: \_\_\_\_\_

Signature: \_\_\_\_\_