

# WINGATE BRAKE & STEERING CENTRE WINGATE MOTORS C.C.

ATTENTION: \_\_\_\_\_ DATE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

CARDHOLDERS AUTHORITY TO DEBIT CREDIT CARD  
FOR REPAIRS/PURCHASES FROM WINGATE MOTORS c.c. T/A WINGATE BRAKE AND STEERING CENTRE

I \_\_\_\_\_ HEREBY AUTHORISE WINGATE MOTORS c.c. TO  
DEBIT MY CREDIT CARD FOR THE CHARGES SHOWN AS PER INVOICE NO. DETAILED BELOW:

NAME OF CARD HOLDER \_\_\_\_\_

STATEMENT BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER (WORK \_\_\_\_\_ (MOBILE) \_\_\_\_\_)

NAME OF BANK \_\_\_\_\_

CARDHOLDERS ID NUMBER \_\_\_\_\_

TYPE OF CARD (Visa, Master, Diners only) \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRY DATE OF CARD \_\_\_\_\_ SECURITY NO (3-Digets) \_\_\_\_\_ on back of card

**PAYMENT FOR WORK AS PER INVOICE No.** \_\_\_\_\_

NAME OF CUSTOMER \_\_\_\_\_

TELEPHONE NUMBER (WORK \_\_\_\_\_ (MOBILE) \_\_\_\_\_)

EMAIL: \_\_\_\_\_

ID NUMBER No. \_\_\_\_\_

AMOUNT INCL VAT IN RAND R \_\_\_\_\_ : \_\_\_\_\_ C

PAYMENT PREFERENCE: TICK IF FOR STRAIGHT: \_\_\_\_\_ BUDGET 6 / 12 / 24  
( circle number of months)

CARDHOLDERS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / 200\_\_\_\_\_

**PLEASE FAX THIS FORM ACCOMPANIED BY A COPY OF YOUR ID, COPY OF  
THE FRONT AND THE BACK OF THE CREDIT CARD TO 011 334-5993 or 4304**

Prop: WINGATE Motors c.c: Tel 27 11 334-7030 / Fax 27 11 334-5993/ www.winbrake.com

FOR OFFICIAL USE ONLY - CREDIT CARD AUTHORISATION

AUH CODE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_ NAME OF AGENT AT BANK: \_\_\_\_\_