

CREDIT/DEBIT CARD DIRECT DEBIT FORM
(please fax this form to 020 8417 1609 or scan & email to info@lvos.com)

Name: _____ Company Name: _____

Address: _____

Telephone No: _____ Fax: _____

Mobile: _____ Email: _____

*I/we authorise London Virtual office Solutions Limited to deduct the initial payment from my/our card immediately then deduct subsequent unspecified payments, until further notice. I/we will advise you in writing immediately if the card becomes lost, stolen or if I wish to close my card account or cancel the authority.

*delete as necessary, including deduction of initial payment immediately if only ongoing payments are required.

Credit/Debit card No: _____ Start Date (if any)_____ Expiry Date: _____

Name on Card: _____ Issue No: _____

Statement Address: _____
(if not shown above)

Cardholder Signature: _____

info@lvos.com
admin@lvos.com
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