

TO : Kelab Rahman Putra Malaysia
Jalan BRP 2/1
Bukit Rahman Putra
47000 Sg. Buloh Selangor
Tel: 03-61566870 Fax: 03-61560280

Dear Sir,

RE : CREDIT CARD DEBIT AUTHORISATION

I hereby request and authorise you to debit my Credit Card Account to pay the amount due as stated on my monthly statement of accounts issued by KRPM with effect from.....

I CLEARLY UNDERSTAND AND AGREE THAT THIS AUTHORISATION IS GOVERNED BY THE TERMS AND CONDITIONS AS SPECIFIED OVERLEAF

Cardmember's Account No. - - -

Card Expiry Date - - VISA MASTERCARD AMEX

Name Of Cardmember _____
(AS APPEARING ON CREDIT CARD)

KRPM Membership No. -

Contact Tel. No. (Office) _____ (Res) _____ (Mobile) _____

Address _____

(CARDMEMBER'S SIGNATURE)

Date

(For Office Use)	
Check & Input Into Credit Card Payment System	
_____ (Signature)	_____ (Date)
Input into Billing System	
_____ (Signature)	_____ (Date)