

## Credit Card Payment Authorisation • London

**Please note:** Christie's will not accept payment under this invoice from any party other than the buyer of record. The information provided in this document will only be used for the current transaction and will not be retained for future purchases. This form will only be processed if completed in full including signature.

Payments may be made in person or via mail, fax, email or telephone to the address below (subject to conditions).

**Please fax completed form to: +44 (0) 207 752 3300 or email to: PostSaleUK@christies.com**

I hereby authorise Christie's to charge my credit/debit card account specified below to the sum:

GBP£ \_\_\_\_\_ Christie's Invoice No. \_\_\_\_\_

Cardholder Name (as indicated on card) \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

Email \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_

**Cardholder's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR OFFICE USE ONLY	Card Type	First 6 Digits	Last 4 Digits
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**All major credit cards accepted**

Credit      Debit  
 VISA      MasterCard      American Express      Other \_\_\_\_\_

Card Issuer \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Card No. (max. 16 digits)

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration Date (mm/yy)

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

CVV/CVC No. (reverse of card) or CID No. (front of card)