

Gibbons Company Ltd.

21 Reid Street
Hamilton, HM 11
Bermuda

Accounts Department
Phone: (441) 295-0022 (ext. 2423)
Fax: (441) 295-1040
Email: accountsqueries@gibbons.bm



Credit Authorization Form

CREDIT CARD HOLDER INFORMATION

_____ Name (Last, first, middle initial)	_____ Driver's License # or Passport #
_____ Street address	_____ City, ST, ZIP Code
_____ Address line 2	_____ Country
_____ Email address	_____ Phone number

BILLING INFORMATION

Last 4 digits of Credit Card

Expiry date

Visa Master Card American Express

I hereby authorize Gibbons Company Ltd. to charge the above stated credit card for merchandise purchased via telephone orders.

_____ Print name (Card holder)	_____ Date
_____ Card holder signature	

For Administrative Use Only:

_____ Approval authorization	_____ Date of approval
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To minimize the risk of fraud, Gibbons Company is requiring our customers to complete the enclosed Credit Authorization Form. This is to protect our customers and Gibbons Company. Attach additional documentation, if applicable.