



Authorisation to Deduct Payment for Penguin Cold Caps

I, authorise Medical Specialties of California to deduct the monthly rental fee, initial deposit and packing and carriage charges from the credit/debit card detailed below. I confirm I have read and signed the rental agreement.

Signature

Date

Card Holder's Name (as shown on card):
Billing Address:
Card Type (eg Mastercard, Visa. Please note we DO NOT accept American Express):
Card Number:
Start Date (where applicable):
Expiry Date:
3 Digit Card Security Number:

It will be necessary to contact your credit card company to verify the overseas transaction from Medical Specialties of California

A charge of £20.00 will be levied for a failed payment application