

CREDIT CARD BILLING AUTHORIZATION

I herewith authorize

CSR Accounting Corp ▪ 95 Wilton Road, Suite 3 ▪ London, SW1V 1BZ ▪ United Kingdom

to charge my credit card as follows:

Invoice

Amount Euro

Type of card VISA MasterCard American Express

Card holder

Card number

Expiration date /

Security code

* For VISA and Mastercard, the security code has 3 digits and is located on the back of the card.
* For AmericanExpress, the security code has 4 digits and is located on the front of the card.

I confirm that I have read and understood the terms & conditions on www.offshore-professional.com.
I understand and accept that this transaction cannot be cancelled or refunded as it is for legal services customized for me.

Date and Signature

**Please return the completed form either by fax or email.
Fax: +44 20 7117 4 700
Email: info@offshore-professional.com**