
VISA, MasterCard, JCB OR AMEX RECURRING TRANSACTION AUTHORITY

Your Customer Reference No. _____

Please complete parts 1 to 4 to authorize us to claim payments directly from your Visa, MasterCard, JCB or AMEX account.

To: KDDI Europe Ltd.

Merchant Reference * _____

1. Name of Cardholder (as shown on card)

2. Full Address

_____ Post Code _____

Telephone Number _____

3. Visa/MasterCard/JCB/AMEX account number

Expiry Date _____

4. Your authority to KDDI Europe Ltd. to claim amounts due from your Visa, MasterCard, JCB or AMEX account and signature

I authorize you to charge my ** _____ unspecified amounts in respect of telephony charge as and when they become due.

I understand that KDDI Europe Ltd. will advise me of the amount to be paid and the dates on which payment is due and that KDDI Europe Ltd. may only change these after giving me prior notice.

I UNDERSTAND THAT THIS AUTHORITY IN FAVOUR OF KDDI EUROPE LTD. WILL REMAIN IN FORCE UNTIL SUCH TIME AS I CANCEL IT IN WRITING TO KDDI EUROPE LTD.

Signature _____

Date _____

* No need to fill up

** Please insert the relevant Card name

KDDI CALL Atlas House, 1 King Street, London EC2V 8AU

Telephone: 020-7507-1030 / Facsimile: 020-7507-1102 / E-mail: call127@eu.kddi.com

Registered in England and Wales No. 2407242