

This is a 12 month Standard Version Payment Plan agreement. I authorise Salon Iris Ltd, for 10 further consecutive monthly payments on my MasterCard / Visa / Debit* card account for the sum of: £44.54 + VAT and one payment of £44.60 + VAT on, or immediately after the 25th day of each month (or as and when payments become due). Card Statements will show payment to Salon Iris Ltd. I will advise you in writing immediately if the card becomes lost, stolen or if I wish to close my card account or cancel the authority. I understand that no interest is payable under this scheme as long as payments are made on time and that I comply with the standard terms and supplementary terms applicable under this scheme.

This form should be completed along with the signed Payment Plan agreement form and returned in the prepaid stamp addressed envelope provided within 14 days.

Card type (e.g. MasterCard, Visa, Maestro, Solo): _____

Card Number: _____

'Valid From' Date (If applicable): _____

'Expires End' Date: _____

Issue Number (if applicable): _____

Last three numbers on Signature Strip: _____

Card holders name: _____

Card holders statement address 1st Line: _____

Address 2nd Line: _____

City / Town: _____

County: _____

Postcode: _____

Contact telephone number: _____

Card holders signature: _____

Date: _____