



## **SCHEDULE TWO: Customer Card Indemnity Form**

### **Credit/Debit Card Details**

Name on Card: \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_ Leave Blank. Kindly call the office & give details over the phone.

Credit/Debit Card Type: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Issue Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Leave Blank. Kindly call the office & give details over the phone.

### **Customer Address Details (where card is registered)**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I have given details of my credit card as a payment guarantor for any monies owed to EM Lease Ltd in relation to my vehicle rental/lease.**

Customer Name: \_\_\_\_\_

**This Indemnity can only be cancelled upon receipt of all monies outstanding to EM Lease Ltd including any monies related to vehicle damage, repossession & debt recovery.**

**I understand and agree that all monies owed can be debited from my card.**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_