

PAYMENT INFORMATION UPDATE

BrillKids International

Fax : +852 2526 5106
Phone : +852 2526 5105

Web : www.brillkids.com
Email : support@brillkids.com

BrillKids Member Information

First Name : _____
Surname : _____

Username : _____
Email : _____

Address : _____
(no P.O. boxes) _____

Country : _____
Zip code : _____
Telephone : _____

Billing Information:

Given name : _____
(as it appears on card)
Surname : _____
(as it appears on card)

Credit card no. : _____
Valid from : ____ - ____ - ____ (mm - dd - yy)
Expiry date : ____ - ____ - ____ (mm - dd - yy)
CVV code : _____
(last 3 digits at back of card)

Signature : _____
Billing address : _____

Confirmation

Yes, please use my credit card details above to update my existing BrillKids installment plan payments.

I hereby authorize BrillKids to reactivate my payment schedule based on the credit card details above.

Signature : _____
Full Name : _____

Please fill in the form completely, including contact information for proper processing. After filling out the form, print it out, affix signature, and send by fax to +852 2526 5106.