

Credit or Debit Card Authorisation

Cardholder Name: Hilka Sheffield

Billing Address: 1402 Coarndrama Rd

Washers 4294

New Zealand

Card Number: 5494 6400 0497 5236

Issue Number: _____
(Debit cards only)

Expiry Date: 07/19 CV2: 369

Amount: £ 110.93

I hereby authorise Falk Culinair UK to debit my card for full payment of the order overleaf. The card details above are true and correct.

Signed: A. J. J. J. Date: 07/09/16