

Credit or Debit Card Authorisation

Cardholder Name: H. She Field
Billing Address: 1402 Wainecome R
Hostage 4294
N2
Card Number: 5494 6400 0497 5236
Issue Number: _____ (Debit cards only)
Expiry Date: 07/19 CV2: 369
Amount: £ 188.46

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. Ryfel Date: 7/10/18