

Credit Card Authority Form

Trading Name:	
Cardholder's Name:	
Credit Card Billing Address:	
Email Address:	
Credit Card:	
Credit Card Number:	CCV:
Expiry Date:	

I hereby authorise Kelly Engineering to charge my credit card for goods as:

Per Invoice #:	
To The Value Of €:	
Card Holder's Signature:	
Date:	

PLEASE NOTE: Due to Foreign Exchange currency fluctuation, the amount actually charged to your credit card may vary.

Please return the completed form to accounts@kellytillage.com



+61 8 8667 2253

KEFM323us

sales@kellytillage.com

vww.kellytillage.com

Issue E

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