



Better Tillage. Better Tomorrow.

Credit Card Authority Form		
Trading Name:		
Cardholders Name:		
Credit Card Billing Address:		
Email Address:		
Credit Card #		CCV:
Expiry Date:		
I hereby authorise Kelly Tillage to charge my credit card for goods as:		
Per Invoice #:		
For the Amount of:		
Card Holders Signature:		
Date:		
Please note: Due to foreign exchange currency fluctuation, the amount actually charged to your credit card may vary.		
Please return completed form to accounts@kellytillage.com		