



C.K. Greaves & Co. Ltd.

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CREDIT CARD AUTHORISATION FORM

I _____ hereby authorize C.K. Greaves & Co. Ltd.
to charge my Credit Card for groceries supplied:

Card type: American Express Mastercard Visa

Credit Card Number: _____

Expiration Date: _____ CID Code (located on back of card): _____

Name on Card: _____

Signature: _____

Date: _____

Billing Address: _____

Contact Numbers: _____

Contact Email: _____

*Please fill-out
then fax or email back*