



CREDIT CARD AUTHORISATION FORM

Please complete the following Authorisation Form and return it to us; together with a photocopy of the front and reverse of the Credit Card

Chiva-Som at Mosimann's:
Friday 9th April 2010

Credit Card No:

Guest Name:.....

Expiry Date Start Date.....

Cardholder's
Name:.....

MasterCard Amex

Visa Diners

Address:
.....
.....
.....

Switch

Switch issue no.....

Other

Contact No: Work:.....

Amount £.....

Home:.....

Please forward a copy a copy of the bill to me

Email:.....

Yes No

By signing this form I am accepting the charge on my Credit/Debit card.

Cardholder's Signature:

.....

Mosimann use only

To: Isabel Montes De Oca

| Date | Amount Authorised | Authorisation Code | Total | Mosimann Sales Agent |
|-------|-------------------|--------------------|-------|----------------------|
| | | | | |

Mosimann's Limited
11B West Halkin Street, Belgrave Square, London SW1X 8JL
Tel: +44 (0)20-7592-1628 Fax: +44 (0)20-7630-5896
membership@mosimann.com
www.mosimann.com