

DAYLIGHT SPORTSWEAR

Winmalee High School Uniform Shop, High School Drive, WINMALEE, 2777

Credit card authority for payment of uniform for my child/children

_____ Yr ____ _____ Yr ____

_____ Yr ____ _____ Yr ____

Please debit my Visa or Mastercard (please circle)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Expiry Date ____/____

Amount \$ _____

Cardholders Name _____

Signature _____

Contact Phone No _____