Arrabon DISTRIBUTION

Unit 12, Imperium Business Park, 16 Venturi Crescent, Hennopspark, Centurion, 0157, South Africa • P.O. Box 8818, Centurion, 0046
Tel: +27 861 000 743 • Fax: +27 86 610 2838 • e-Mail: arrabon@arrabon.biz • Web: www.arrabon.biz

Viamed Ltd.
15 Station Road Cross Hills,
Keighley, West Yorkshire,
BD20 7DT,
United Kingdom

FAX: 0044 1535 635582

12 February 2021

Att: Ms S Walton

CREDIT CARD AUTHORISATION

(AUTHORISATION ONLY VALID FOR SINGLE TRANSACTION AS INDICATED BELOW)

Arrabon Distribution hereby authorizes:

Viamed Ltd to charge our:

Visa __√__ MasterCard _____ American Express _____

With the amount of: **US$ 467.50** for:

Purchase Order PO-6072

Your Pro Forma no. MVM128801

ARRABON DISTRIBUTION (PTY) LTD
Unit 12. Imperium Business Park,
16 Venturi Crescent. Hennopspark,
Centurion. 0157
P.O. Box 8818. Centurion. South Africa. 0046
Company Reg. No: 2014/036389/07
V.A.T. No: 4580265751
Importers Code: 21441260
Tel: 0861 000 743 Fax: 086 610 2838
E-Mail: arrabon@arrabon.biz

Credit Card Account Number **4228 XXXX 7354 XXXX**

Expiration Date: **03/23**

SVC2 Code/Card Verification Code **XXX**

(3-4 digit code following last 4 digits of account number in signature space on back of card) **XXXX**

Name (As it appears on the card): **Stephanus J. Muller, Arrabon Distribution**

Signature _____ **Date** 2021/02/12.

Company Stamp:

Note: Should you not have our complete credit card details from a previous transaction, kindly contact our office.