PAYMENT ENCLOSURE SLIP

Insert your card number below and return this slip to the address below. ***DO NOT SEND YOUR CARD***

ACCESS, VISA & MASTERCARD ONLY

Card expiry date _____ Cardholder's name_____

Insured's name (if different from above)_____ _____

Client account number (if applicable) _____

Amount _____

Address on credit card statement _____

_____ _____

Address to send Payment:

Tyser (UK) Limited
Acorn House
Great Oaks, Basildon
Essex, SS14 1AL