

# Credit / Debit Card Payment Form

Payment Details																			
<b>Full Name for Billing</b>																			
<b>Telephone</b>						<b>Address</b>													
<b>Fax</b>																			
<b>Email</b>																			
<b>Payment Method</b>			<input type="radio"/> Cheque <input type="radio"/> Bank Transfer <input type="radio"/> Credit Card * <input type="radio"/> Debit Card																
<i>If you are paying by card, please complete the section below. *A 2% premium will be added to all payments by credit card.</i>																			
<b>Please charge £ _____ to my credit / debit card (please circle)</b>																			
<b>Card Type</b>			<input type="radio"/> Visa <input type="radio"/> Switch <input type="radio"/> MasterCard <input type="radio"/> Diners Club <input type="radio"/> Maestro <input type="radio"/> Solo <input type="radio"/> JCB																
<b>Card Number</b>						/				/									
<b>Expiry Date</b>			m	m	y	y	y	y	<b>Security Code</b>										
<b>Cardholder's Signature</b>									<b>Date</b>										