

## Information Required For Credit Card Payment

**For Invoice Number:**

DATE	<input type="text"/>	VALID FROM DATE	<input type="text"/>
CARD NO.	<input type="text"/>		
EXPIRY DATE	<input type="text"/>	ISSUE NO.	<input type="text"/>
CARDHOLDER	<input type="text"/>		
SECURITY CODE (LAST 3 DIGITS ON BACK OF CARD)	<input type="text"/>		
ADDRESS	<input type="text"/>		
	<input type="text"/>		
CONTACT NO.	<input type="text"/>	<input type="text"/>	
VALUE	<input type="text"/>	<input type="text"/>	
DELIVERY ADDRESS (if different from above)	<input type="text"/>		
	<input type="text"/>		

- Please complete the information above and fax/e-mail the form back asap- *only if you wish to pay in advance*. We will forward the copies of your credit card receipts by fax and post.
- Please mark on the form your invoice ref. number for account purposes.
- All credit card information is only held securely for payment and account purposes only and remains confidential at all times.