

PAYMENT BY DEBIT/CREDIT CARD

Customer name:														
Address:														
Post Code:														
Service for which payment is being made:														
PLEASE DEBIT MY CREDIT/DEBIT CARD WITH THE SUM OF £														
SWITCH*				VISA*				MASTERCARD*						
*Please circle card type														
Card No														
Issue number (Switch):							Card expiry date							
Verification No							the last three digits of the security code printed on the signature strip on the reverse of the card							
Name of cardholder as it appears on the card:														
Signed:														
Date:														
For Official use only														
Auctioned by:														
Office reference:														
Transaction authorisation ref:														
Date:														