

CREDIT CARD PAYMENTS

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PLEASE CHARGE MY CREDIT CARD

	MasterCard	Visa
Credit Card Number		
Last 3 digits (see back of card)	Expiry date	Full Name of Cardholder
Budget Account?	No. of Months	Signature of Cardholder
Yes		
No		
Amount?		Identity/Passport No. of Cardholder
Customer/Student Number / Reference		Address of Cardholder
Name		Telephone No. of Cardholder

OFFICIAL USE

DATE RECEIVED

DATE PROCESSED

BATCH NUMBER

AUTHORISATION CODE

REASON FOR REJECTION

PROCESSED BY: (NAME)

SIGNATURE

****NB! PLEASE ATTACH COPIES OF THE FRONT AND BACK OF YOUR CREDIT CARD****