

**CREDIT CARD PAYMENTS**  
**University of Cape Town – Graduate School of Business**  
 Private Bag, Rondebosch, 7701, Tel: (021) 406-1320/1439, Fax: (021) 406-1465 / e-mail: gsbaccounts@gsb.uct.ac.za

**PLEASE CHARGE MY CREDIT CARD**

MasterCard
  Visa

**Credit Card Number**

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**Last 3 digits (see back of card)**   
**Expiry Date**

**Budget Account**  YES  NO
 **No. of Months**

**Amount**       .

**Customer / Student Number / Reference**

**Name**

**Full Name of Cardholder (Please Print)**

**Signature of Cardholder**

**Identity/Passport Number of Cardholder**

**Address of Cardholder**

**Telephone Number of Cardholder (during day)**

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

**OFFICIAL USE**

DATE RECEIVED

DATE PROCESSED

BATCH NUMBER

AUTORISATION CODE

REASON FOR REJECTION

PROCESSED BY: NAME (PRINTER)

SIGNATURE