Credit Card Payment Slip

Please debit my ☐ *Visa* ☐ *Mastercard* ☐ *Lazer Card for the following amount:* € _____

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐ *Expiry Date:* ☐☐☐☐

As payment for: _____

Name: _____ *Signature:* _____

IN BLOCK CAPITALS PLEASE

Address : _____

_____*Phone No.:*_____

Please note that this payment slip must be accompanied by the appropriate form.