



FOI Credit Card Payment

AMOUNT OF TRANSACTION: **\$33.60**

DATE.....

Please charge this transaction to my

- ☐ MASTERCARD
- ☐ VISA
- ☐ BANKCARD

My full card number is: _ _ _ _ _ _ _ _ _ _

Valid until end:/ mm/yy

Name on Card:

Address:

.....

..... Postcode.....

Email Address:

.....

Telephone:

Signature of Cardholder:

If details taken over telephone – staff member who took details:

.....

FINANCE USE ONLY

Date processed:

Signature of staff member:

Note: have all procedures been carried out to ensure full processing of credit card transaction ?