



FOI Credit Card Payment

AMOUNT OF TRANSACTION: **\$31.80**

DATE.....

Please charge this transaction to my

- MASTERCARD
- VISA

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 ?