

CREDIT CARD PAYMENT FORM

Note that only Visa or Mastercard credit cards can be accepted

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRY DATE: _____

CVV: _____

AMOUNT IN EUROS (ensuring to add a fee of 5%): € _____

BILLING NAME: _____

BILLING ADDRESS: _____

I confirm that the billing information provided is accurate and I authorise the payment as given above.

Full name (printed): _____

Date: _____

Signature: _____