

TO BE FILLED IN BY CREDIT CONTROL

ACCOUNT NAME: APN5 Conference

ACCOUNT CODE: CA01038

INVOICE NUMBER:

CONTACT NUMBER: Angela Linton +44(0)161 275 4189

Please attach an addressed pre paid envelope if you require a receipt sending to the customer

FOR INCOME OFFICE USE ONLY

REASON RETURNED

The card has been declined The card has expired The card number is invalid

Valid from/Expiry date missing No Issue Number No Finance Code quoted/Finance Code invalid

American Express/Discover Card The PDQ machine is not accepting the card

Other reason

TO BE FILLED IN BY THE CUSTOMER

CUSTOMER DETAILS

NAME ON CARD

CARDHOLDERS ADDRESS

(per statement)

INC POSTCODE

CONTACT TELEPHONE

CONTACT E MAIL ADDRESS

AMOUNT £ CARDHOLDERS SIGNATURE:



Please fax this entire form to +44(0)161 275 0486

TO BE FILLED IN BY THE CUSTOMER

CARD ISSUED BY (BANK OR EQUIVALENT)

CARD NUMBER (On the front of the card).....

SECURITY NUMBER:(On the back of the card)

CARD TYPE: VISA..... MASTERCARD.....

MAESTRO..... CARD ISSUE NUMBER.....

VISA/DELTA..... JBC.....

SOLO..... CARD ISSUE NUMBER.....

VALID FROM DATE (MM/YY)..... EXPIRY DATE (MM/YY)

CARD DETAILS TO BE DETACHED AND DESTROYED AFTER TRANSACTION COMPLETION