





**CREDIT CARD PAYMENT AUTHORISATION FORM (WEB ORDERS)**

PLEASE COMPLETE IN FULL, USING CAPITALS TO ENSURE PROMPT APPROVAL, AND FAX

BACK TO 0161 924 2233

Date:	<input type="text"/>	Our Order ID / Invoice:	<input type="text"/>
<b>Card Holder Information:</b>		<b>Order Details (If Different):</b>	
Name of Card Holder:	<input type="text"/>	Contact Name:	<input type="text"/>
Company Name: (if applicable)	<input type="text"/>	Company Name: (if applicable)	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Town:	<input type="text"/>	Town:	<input type="text"/>
Post Code:	<input type="text"/>	Post Code:	<input type="text"/>
Tel No (incl STD):	<input type="text"/>	Tel No (incl STD):	<input type="text"/>

Credit Card Type (tick)	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Credit Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Card No - continued)	<input type="text"/>		Issue No (if applicable)	<input type="text"/>
Security No (on signature strip, last 3 digits)		<input type="text"/>		
Expiry Date:	<input type="text"/>	Amount:	<input type="text"/>	
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\* Please confirm now if the full value of your order is to be deducted. Some items ordered may not be in stock now, and if the full value is not deducted now, then another form will be needed when the balance of your order is available

Signature of Card Holder

Print Name

Thank you for your time in completing this form: we assure you that the above information will be kept in the strictest confidence