

Mail Order – Please Note That “FSO-UCL” Will Appear On The Customer’s Statement**Section 1**Department Name: PHYSICS & ASTRONOMYContact Name: CHRISTINE JOHNSTON

Telephone Number: _____

Fax Number: _____

Amount: £ ____ . ____

Payment for: (a full description is required)

Departmental account code: ____ Analysis Code ____ VAT Code ____**Section 2**

Method of Payment (tick one):

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Maestro	<input type="checkbox"/> Maestro UK
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Under no circumstances must American Express be accepted.

Card Holder Name: _____

Card Number: _____

Card Expiry Date (mm/yy): __ / __

Card Issue Number (if applicable): ____

Signature of cardholder: _____

Section 3

Details confirmed by Department: _____

Date : _____

Section 4**For action by Financial Services Office (Ext 32573) :-**

Received: _____ Mail Order/CSC/AVS

Processed: _____ Processed by: _____ FSO Stamp

Receipt No: SN _____

This section will be destroyed once payment has been processed.**Section 5**

Card Security Code: ____

Full Postal Statement Address of Cardholder:

Post Code _____