

Central Acceptance of Payment by Card (Form Type FSO Card)

Please Note That "FSO-UCL" Will Appear On The Customer's Statement

DELEGATES : Please Complete Sections 2 and 5 only

Section 1

Department Name: PHYSICS & ASTRONOMY

Contact Name: CHRISTINE JOHNSON

Telephone Number: +44 (0)20 7679 3943

Fax Number: +44 (0)20 7679 7145

Payment for: IoP2010 High Energy Particle Physics and Astro-Particle Physics Group Meeting

Departmental account code: CJ2J Analysis Code: 4HPA VAT Code :

Section 2

Method of Payment (circle 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 will American Express be accepted.

Amount: £ _____ . _____

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 _____

Section 5

This section will be destroyed once payment has been processed.

Card Security Code: __ __ __

Full Postal Statement Address of Cardholder:

Post Code _____