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

Mail Order

Section 1
Department Name: Department of Physics & Astronomy
Contact Name: Christine Johnston
Telephone Number: +44 20 7679 3943
Fax Number: +44 20 7679 7145
Amount: £ __ __ __ . __ __
Payment for: (a full description is required)
Registration fee for ATLAS Trigger/DAQ workshop 18th-23rd September 2006

Departmental account code: CJ2J Analysis Code H6JH VAT Code 0

Section 2
Method of Payment (tick one):

I Visa	I Mastercard	I Maestro	I Maestro UK

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 _____