



CREDIT CARD CHARGE SHEET

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Name: _____

Credit Card Type: (circle one) **Visa** **Mastercard**

Card Number: _____

Name of Cardholder: _____

Address of Cardholder: _____

Start date (if shown on card): _____

Expiry Date: _____

Amount to be Charged: _____
(Please specify costs)

Signature of Cardholder

Date

PLEASE NOTE:

*This form must be completed and signed by the cardholder. You **must** then send it to Maaïke van der Heijden, Study Abroad Administrator, in order for it to be processed by the Finance Department.*

*You can send it to Maaïke: by fax on 00 44 20 7911 5132
 by email at M.Vanderheijden@westminster.ac.uk*

*You can also contact Maaïke by telephone on 00 44 20 7911 5000 ext 3751.
Please note however that credit card details cannot be received over the telephone.*