

College of Practitioners of Phytotherapy Ltd

Oak Glade, 9 Hythe Close, Polegate, East Sussex, BN26 6LQ.

Tel: 01323 484353 Email: pamela.bull@btopenworld.com

Credit or Debit Card Payments

I authorise you to debit my card account and my details are as follows **PLEASE PRINT CLEARLY**

Name:	
Address:	
Post Code:	
Telephone:	Mobile:
Email:	

Type of card:

Mastercard

Visa

Delta

Switch

Please delete those which do not apply

Other (please specify):

Card Number:

--	--	--	--

Switch, Solo etc >

Issue No.	Valid from	/	Expiry:	/
-----------	------------	---	---------	---

Security number (the last 3 digits on the signature strip on the reverse side)

--

Name as it appears on the card:

Cardholder's address (if different from above)

Payment for:	£	p	
Total to be debited:			

Signed:

Date:

Please check the details on this form and return it to Pam Bull at the above address.