

# CREDIT CARD PAYMENT FORM

Company Name		A/c Ref*	
Contact		Date	
Invoice Address		Delivery Address	
Telephone No		Fax No	
Email			
Customer Order No*		VAT No**	

\*Optional Data Fields

\*\* For EU Companies VAT number must be supplied for VAT exemption

CARD TYPE: (Please tick appropriate box)

VISA

MASTERCARD

DELTA

SWITCH

CARD NUMBER

-

-

-

EXPIRY DATE:

ISSUE NO:  
[FOR SWITCH CARD]

SECURITY NO.:

This is the last group of three digits on the signature strip on the back of your card.

CARDHOLDER NAME:

---

CARDHOLDER ADDRESS:

---

POSTCODE:

CARDHOLDER AUTHORISED SIGNATORY:

---

DATE:

---

A2B Communication Ltd Standard Terms and Conditions of Sale apply.

*For rapid processing, please FAX your Purchase Order (PO) together with the Credit Card Form. Thank You!*

**FAX NUMBER: +44 (0) 1992 563 091**

## A2B COMMUNICATION LIMITED

The Old Brewery, Lindsey Street, Epping, ESSEX CM16 6RD  
 Telephone: +44 (0) 1992 563 090 Facsimile: +44 (0) 1992 563 091  
 info@a2bcommunication.com www.a2bcommunication.com  
 V.A.T. No. GB 798 5118 76