

The Chartered Trading
Standards Institute
Member Services
1 Sylvan Court, Sylvan Way
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Basildon
Essex
SS15 6TH



Chartered Trading
Standards Institute

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**Form for Credit/Debit
card payments**

NOTE FIELDS MARKED WITH AN * MUST BE COMPLETED IN ORDER TO PROCESS YOUR TRANSACTION

Name: _____

*Name on card: _____

Invoice/Membership Number: _____ Employer: _____

*Card Billing Address: _____

Post Code _____

*Telephone Number: _____ *E-mail: _____

I authorise CTSI to debit my account for the following amount £ _____

INSTITUTE USE ONLY		MEMBER ID _____
TAKEN BY: _____		DATE _____
RECEIPT SENT?	YES / NO	



I wish to pay by*: MasterCard / Visa / American Express / Delta / Debit/ Cheque

My Card number is:

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The Security Code: (The last 3 digits found on the signature strip on the back of the card)

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Issue Number (Switch™ Cards only)

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Start Date _____ / _____ / _____ Expiry Date _____ / _____ / _____

Do you require a receipt? Yes / No

Signature: _____ Date: _____