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Chartered Trading Standards Institute

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: _____

PLEASE NOTE WE CAN NOT ACCEPT ELECTRONIC RETURNS OF THIS FORM. SHOULD YOU DO SO WE WILL NOT BE ABLE TO PROCESS YOUR PAYMENT AND WILL CONTACT YOU DIRECTLY TO OBTAIN YOUR DETAILS. THE FORM CAN BE RETURNED VIA POST, AND PROCESSED.