

**CREDIT/DEBIT CARD RECEIPT  
CUSTOMER NOT PRESENT**

**FOR INCOME OFFICE USE  
Receipt Number:**

DEPARTMENT OF .....

CONTACT NAME AND TEL NO .....

DESCRIPTION OF CONFERENCE .....

.....

**CREDIT CARD DETAILS**

NAME ON CARD .....

CARDHOLDERS ADDRESS .....

(per statement)

.....

CARD ISSUED BY (BANK OR EQUIVALENT) .....

CARD NUMBER (On the front of the card).....

CARD NUMBER:(On the back of the card) .....

**\*\* Please fill in both Card Numbers, front and back**

CARD TYPE: VISA..... MASTERCARD.....

SWITCH..... CARD ISSUE NUMBER.....

VISA/DELTA..... JBC.....

SOLO.....

VALID FROM DATE..... EXPIRY DATE..... AMOUNT.....

Authorisation obtained? YES/NO

CARDHOLDERS SIGNATURE:

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**FINANCE CODE TO BE CREDITED**

O	P	P	4		1	0	4	1			
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DEPOSITED BY (sign) ..... DATE .....

PRINT NAME/ADDRESS RECEIPT TO BE SENT TO:

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