

New Vitality Tuition

Woodgate Cottage, 37 Woodgate Road, Mile End, Coleford, Gloucestershire, GL16 7QJ.

Tel: 01594 835810 Email: sylviamarusic@gmail.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 | <i>Please delete those which do not apply</i> |
| 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 Sylvia Marusic at the above address.