

REQUEST FOR PAYMENT BY CREDIT CARD

All sections must be completed in black ink (*please print clearly*)

**RE: Association for Heterodox Economics
8th Annual Conference**

CARD TYPE: VISA/MASTERCARD/EUROCARD/SWITCH/MAESTRO/SOLO
(*please delete*)

FULL NAME OF CARD HOLDER	
MALE/FEMALE (<i>please delete</i>)	
ADDRESS OF CARD HOLDER	
CONTACT NO:	

CARD NO:																	
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ISSUE NO: (<i>switch payments only</i>)																	
3 DIGIT SECURITY NO. (<i>found on back of card</i>)																	

AMOUNT: (<i>in figures</i>)																	
Pounds										pence							

In words

VALID FROM DATE:	EXPIRY DATE:
SIGNATURE OF CARD HOLDER:	
PAYMENT MADE ON BEHALF OF: (<i>complete if different from above</i>)	
ADDRESS FOR RETURN OF RECEIPT: (<i>complete if different from above</i>)	
CREDIT TO: INVOICE/ACCOUNT	
STUDENT I.D. OR COST CENTRE:	

FINANCE USE ONLY: RECEIPT NO: AUTHORISATION NO: MERCHANT NO:	DATE: INPUT BY:
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