PSL Internal Reference No:_____

Credit/Debit Card Payment Request Form

Projection Screens Ltd
Unit E2
Hanson Park
Hanson Close
Middleton
Manchester
M24 2QZ

Customer Order Ref/No:	
Date:	***
Sales Person:	***
Corresponding Invoice No:	***

Contact Name	***
Customer Details	***
Zip/Post Code	***
Contact No	***
Fax No	***
Email Address	***

Delivery Address (Only If Different ***)

Qty	Brief Description Of Goods

Card Holder Name:	***
Card Type:	***
Card Number:	***
Start Date (MM/YY):	***
Expiry Date (MM/YY):	***
Issue No:	***
Card Verification Number:	***

We Are Unable To Process American Express

Where Available, Format MM/YY

Format MM/YY

Older Switch Cards Only

3 or 4 Security Digits on Cards Back Strip

		GBP Amounts Only
AMOUNT TO BE PROCESSED:	***	If the Invoice Currency Is not in GBP, Please State Below Original Amount And Currency
		***

Does the amount taken include any Shipping/Courier charges?	***	Yes	No

ALL FIELDS WITH * IN THEM MUST BE FILLED IN OR WE WILL BE UNABLE TO TAKE PAYMENT.**

Please also fax/scan a legible copy or imprint of both sides of the credit/debit card & proof of address verification

AS THIS INFORMATION IS REQUESTED FROM THE PROCESSING COMPANY