

# Credit Card Payment Form



Name of card holder (as it appears on the card):

Billing address:

Credit card number:

Card security code (last three numbers on the signature strip):

Expiry date on card:

Name of Bank/financial institution that issued card:

Total Amount:

Proforma Invoice Number: PF

***Please note, there will be a 3.5% charge for credit card payments***

Return this form to [creditcontrol@apollo-fire.co.uk](mailto:creditcontrol@apollo-fire.co.uk) or fax to +44 (0)23 9249 2754.