

Lambeth Regulatory Services Credit Card Payment Form

TYPE OF LICENCE REQUIRED:

PREMISES ADDRESS:

Postcode _____

CARD DETAILS:

Type of card: Delta Switch Visa Mastercard Solo

Enter card number below

Expiry date: _____/_____/_____ Issue Date _____/_____/_____ Issue no _____

Amount to be debited: £ _____:_____ Signature of cardholder: _____

CARD HOLDER'S DETAILS:

Name on card: Mr/Mrs/Miss/Ms _____

Address: _____

_____ Post code: _____

PHONE NUMBER : _____ Lambeth fax: 020 7926 6120

For office use only: Phone call taken by (initial) _____

Date: _____ Time: _____