**Credit Card form**

**Please return this completed form by fax to +44 (0) 1865 636110**

**If you have any questions please email us accounts@pamojaeducation.com**

**School Name** 

**Invoice(s) number being paid** 

**Value being paid $** 

**Payment type:**  □ **VISA** □ **Mastercard** □ **VISA Debit** □ **Mastercard Debit**

**Card Number:**

**Expiry Date:**  /

**Security code** 

**Issue Number**

**Cardholder’s Name**

**As on face of card**

**Cardholder’s Address:**

**Cardholder’s email for receipt**

**Cardholder’s Signature:** Date:

**Date :** \_ \_ /\_ \_ /\_ \_ \_ \_

*(OFFICIAL USE: Payments processed by on / / )*