

FAX TO: CREDIT CONTROL - WM SYSTEM Ltd

01824 704379



FROM:

DATE:

We refer to the following purchase:

Our Order Number	WM System acknowledgement number	Order Value (inc. VAT)

We would like to pay for (please indicate):

Deposit	<input type="checkbox"/>	Full Amount	<input type="checkbox"/>	Outstanding Balance	<input type="checkbox"/>
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By:

SWITCH	<input type="checkbox"/>	VISA	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>
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Name of Cardholder:

Card Number:

Expiry Date of Card:

Cardholder's Address:	Delivery Address: (If different)
Post Code:	Postcode:

I authorise WM System to debit my card with the sum of £.....

Signed..... Date.....