



MGC LAMPS LTD - PAYMENT REQUEST

Company Name

MGC a/c No.

I authorise MGC Lamps to charge my credit/debit card with the amount of £

in words

Card Type (please tick appropriate box)

CREDIT CARD	<input type="checkbox"/>	DEBIT CARD	<input type="checkbox"/>
VISA	<input type="checkbox"/>	DELTA	<input type="checkbox"/>
MASTERCARD	<input type="checkbox"/>	SWITCH/MAESTRO	<input type="checkbox"/>

Card No.

Issue Date

Expiry Date

Security Number

Issue Number

Name on Card

Signature

Date

Full address on credit/debit card statement: _____

Postcode/Zip Code

Please Note

**3% ADMINISTRATION CHARGE IS APPLIED ON ALL PAYMENTS MADE BY CREDIT CARD
THERE IS NO CHARGE FOR PAYMENTS MADE BY DEBIT CARD**

MGC LAMPS LTD

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Tel No. **01473 466312**
Fax No. **01473 240081**