

PAYMENT FORM

NAME

ORDER NUMBER (as shown on your Invoice)

CARD TYPE

CARD NUMBER

EXPIRY DATE

START DATE (if applicable)

ISSUE NUMBER (if applicable)

CVC CODE (last 3 digits on signature strip on reverse of card)

AMOUNT (as shown on your Invoice)

RETURN FORM BY POST
Document Supply Services
Senate House Library
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London WC1E 7HU
UNITED KINGDOM

RETURN FORM BY FAX
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