



PAYMENT FORM

Name: _____

Venue: _____

Company: _____

Date of Party: _____

Phone: _____

Booking Ref: _____

CREDIT/DEBIT CARD PAYMENT

CARD NO: SECURITY CODE:.....

EXPIRY DATE: VALID FROM DATE: ISSUE NUMBER:

TYPE OF CARD: Mastercard / Visa Credit / Visa Debit / Switch / Solo /

NAME OF CARD HOLDER:

ADDRESS OF CARD HOLDER:.....

.....

.....POSTCODE.....

CONTACT NUMBER OF CARD HOLDER (a landline number please):

FOR DEBIT CARDS: I hereby give authority for the amount of: £....., to be taken from my account.

FOR CREDIT CARDS: I hereby give authority for the amount of: £....., and I understand this will be subject to a 1.5% plus VAT processing charge.

Please note that we can not accept American Express or Diners

SIGNATURE OF CARD HOLDER:

CHEQUE PAYMENT

Cheques should be made payable to 'Best Parties Ever Ltd' and please **write your reference number on the back**. Please enclose one cheque per booking, as there is a charge of 50p per each additional cheque.