

BILL BRANDT ARCHIVE

Credit card payment

Billing address/Delivery address

NAME	<input type="text"/>
COMPANY	<input type="text"/>
ADDRESS 1	<input type="text"/>
ADDRESS 2	<input type="text"/>
CITY	<input type="text"/>
POSTCODE	<input type="text"/>
COUNTRY	<input type="text"/>
INVOICE NUMBER	<input type="text"/>
AMOUNT IN GBP	<input type="text"/>



We do not take American Express for British Pound payments

CREDIT CARD NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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START DATE MM/YY

<input type="text"/>	<input type="text"/>
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EXPIRY DATE MM/YY

<input type="text"/>	<input type="text"/>
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SECURITY CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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The security code is the 3 digit number on your signature strip on the back of the card

SIGNED DATE

I hereby authorize Bill Brandt Archive Ltd to charge my credit card account in the amount inscribed above, and agree to be bound by Bill Brandt Archive Ltd. policies, terms and conditions, and instructions for this transaction. All information entered on this form will be kept strictly confidential.