

**CREDIT CARD PAYMENTS**

*Please note there is a 5% administration charge for credit card payments.*

NAME AS SHOWN ON CARD:

CREDIT CARD NUMBER:

CCV NUMBER:

(Last 3 digits of security number by signature strip)

EXPIRY DATE:

BILLING ADDRESS:

AMOUNT:

£

Authorisation code:

**Please complete and return with your application form to:**

**The Administrator**

**BIMM**

**34 The Avenue**

**Watford, Herts. WD17 4AH**

**E.mail: [info@bimm.org.uk](mailto:info@bimm.org.uk)**

**Fax: 01923 249037**