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FACULTY IMAU

CREDITCARD PAYMENT FORM

Please charge : Eurocard/Mastercard Visa American Express

Card number : _____

Expiration date : _____

Card Validation Code* : _____

Amount : _____ Currency: _____

Concerning/ order : _____

Name (*card owner*) : _____

Address : _____

(*home- address card owner*) : _____

E-mail address : _____

Telephone number : _____

Date : _____

Signature : _____

*These are the last 3 digits of the number stated on the back of your card, below your signature.

Please complete, sign and return this form to the address above.

<i>To be filed in by the Financial Dept. of the Utrecht University.</i>	
T.g.v. grootboek: _____	WBS / ordernummer: _____