



**Dublin
School of
Horticulture**

Dublin School of Horticulture
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CREDIT CARD PAYMENT FORM

Amount: -----

Title (Mr./Mrs./Ms./Other): -----

Cardholder first name: -----

Cardholder family name: -----

Street: -----

Town: -----

County: -----

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Card type (circle as appropriate) -----MASTER CARD -----VISA

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Card expiry date (month/year)

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Signature: ----- Date: -----

Billing address if different from home address

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Town: -----

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Please return this form **EITHER BY HAND OR POST** together with the course enrolment form.

IN THE INTEREST OF SECURITY DO NOT UNDER ANY CIRCUMSTANCES E-MAIL YOUR CREDIT CARD DETAILS.

PLEASE RETURN TO:

Dublin School of Horticulture
28 Spencer Villas,
Dun Laoghaire,
Co. Dublin.
Telephone: (01) 2148469,