



DUBLIN SCHOOL *of* HORTICULTURE



Learning | Enjoying | Growing

CREDIT CARD PAYMENT FORM

Amount -----

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

Cardholder first name -----

Cardholder family name -----

Street -----

Town -----

County -----

Name appearing on card -----

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

Card number

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Signature ----- Date -----

Billing address if different from home address

Street -----

Town -----

County -----

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

For security reasons we will contact you for the security code by telephone.



Dublin School of Horticulture,
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