

OFFICE COPY TO BE FORWARDED TO HEAD OFFICE

Weekly Payments Form



Please complete all boxes in BLOCK CAPITALS and tick where necessary.

Customer Details:		Account Details:	
Company Name and Address:		Total A/C £	<input type="text"/>
		<small>to include VAT where applicable</small>	
		Less Deposit £	<input type="text"/>
		Outstanding Balance £	<input type="text"/>
		Weekly Payment £	<input type="text"/>
Postcode:	Date:	Number of Payments	<input type="text"/>
Telephone:	Consultant:		

Payment Authority:

I authorise 6 12 weekly payments of £ by card ending Expiry Date /

First Payment Date: Monday / /

CARD HOLDERS NAME

SIGNED DATE / /

Please ensure this form is signed and dated.
An Admin Fee will be added to your first weekly payment. This will be £6.00 for Easypay 6 and £12.00 for Easypay 12.

