




Application Fee Payment Form

Name (As appears on card)																					
Card Type (circle as appropriate)	MasterCard / Visa Debit / Visa Credit / Solo / Switch (A 2.5% credit card charge is applied if paying by credit card)																				
Card Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Start Date																					
Expiry Date																					
Issue Number (if applicable)																					
House No & Post Code (Where card is registered)																					
Amount to be Deducted *	£ <input type="text"/> + £ <input type="text"/> + £ <input type="text"/> + £ <input type="text"/> = £ <input type="text"/> (Application fee) (Lenders Admin fee) (Complete Admin fee) (2.5% credit card if applicable) (Total fee payable)																				
Card Holder Signature	Date (This signature authorises Complete FS Ltd to debit my credit/debit card with the fees + charity donation)																				
Client Email address																					
 the compassion to care, the leadership to conquer	Please select your chosen amount: £5 <input type="text"/> £10 <input type="text"/> £15 <input type="text"/> £30 <input type="text"/> £50 <input type="text"/> Other <input type="text"/> (I/we would like to make a donation to Complete's charity of the year – Alzheimer's Association)																				

PLEASE COMPLETE THE FOLLOWING SECTION IN FULL
(Once the fee has been collected this section will be removed and destroyed)

Security Code (3 digit code on back of card)	
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