



Your payment receipt

Company or trading name: _____

Address 1: _____

City (merchant): _____

Postcode: _____

Country (mandatory): _____

Goods/service supplied: _____

Transaction date: _____

Invoice number:

Transaction type: Sales Refund

Card type: (tick applicable box)
Visa Credit V PAY
Visa Debit MasterCard MasterCard Debit
Visa Prepaid Maestro UK Maestro International

Card number (last four digits only):

Expiry date (mm/yyyy):

Transaction amount (£ or €): .

Authorisation code (if applicable)

Method of data capture: (tick applicable box)
Chip Proximity payment
PIN entered Magstripe read

Cardholder verification: _____

Cardholder signature: _____
(if applicable)