

REMITTANCE SLIP

For payment by credit card

Credit card company:

VISA (only)

Card Number:

Give the three numbers on the backside of your card:

Card expiry date: /

Cardholder's name (as given on card):

.....

Cardholder's address:

.....
.....
.....

Postal code: **Country:**

Cardholder's signature:

Date: day month year

Please Return this slip to:
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Maastricht School of International Communication
Zuyd University
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