

Credit card payment form



Office _____

Invoice Number/s _____

Card holders name _____

Please tick and ADD Merchant fees as indicated

Bankcard + 1.160%

American Express + 3.245%

Mastercard + 0.810%

Visa + 0.810%

Total amount including Merchant fees as above

\$ _____

Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amex Id Number

--	--	--	--

Expiry date _____ Signature _____

Fax to 02 9316 5322