



**PAYMENT BY CREDIT CARD**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Invoice Number/s: \_\_\_\_\_

Invoice Amount/s: \_\_\_\_\_

Credit Card Surcharge (2.5%): \_\_\_\_\_

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Total to Charge Credit Card:

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*Please Debit my Credit Card Account*

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VISA

Mastercard

Card Valid: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

*Please Fill Out Form and Fax to us for processing*

**Ph: 03 9879 2225 Fax: 03 9879 3335**

**P.O Box 239 Mitcham Victoria Australia 3132**

**ABN: 85 134 422 423**