



TO:

COMPANY:

FAX:

THANK YOU FOR YOUR PAYMENT OF:

TOTAL COST: (incl. GST)

FOR OUR ACCOUNTING PURPOSES PLEASE CONFIRM YOUR FOLLOWING DETAILS, SIGN AND RETURN IT BY FAX TO (03) 9330 4315 TO AUTHORISE PAYMENT BY CREDIT CARD.

CARD NUMBER: / / /

EXPIRY DATE: / CCV:

CARD TYPE: VISA MASTERCARD DINERS AMEX

*****Please note that an additional 3.5% surcharge applies to Diner's and Amex transactions.***

SURCHARGE AMOUNT (Diner's and Amex ONLY): \$

TOTAL CHARGES ARE TO BE APPLIED: \$

CARD HOLDER/S NAME:

SIGNATURE:

If you require a receipt, please provide details:

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