



CREDIT CARD PAYMENT FORM

MasterCard or Visa Card Payments Only.

Please Debit My Credit Card as Follows:

Card Type: MasterCard Visa

Card Number:

Expiry Date: / /

CVN:

Total Amount of Invoices paid:

1% Surcharge:

Total to be debited:

Company Name: _____

Cardholder's Name: _____

Cardholder's Signature or Authorised Person: _____

Payment being for Invoice/s: _____

Amount to be debited will include a 1% surcharge for Credit Card Fees.
A receipt for the amount paid will be forwarded to you once payment is cleared.