Credit Card Payment Form

TO:

…………..…………..…………..…………..……..….………….…………..………………….………………………………….………………

FROM:

…………..…………..…………..…………..……..….………….…………..………………….…………………………………………………

PAYMENT FOR**:**…………..…………..…………..…………..……..….………….…………..…….………………………………………….…..………………

□BANKCARD □MASTERCARD □ VISA

Card Number
□□□□ □□□□ □□□□ □□□□

EXPIRY DATE ……..….…… /……..….……

CARD HOLDER’S NAME.…………..…………….…………..……………….……………..…………..…………..……..….……………

AMOUNT …………..…………..……..….………….…………..………………………………………………………………………………..

| Signature (I declare that the information supplied is true and correct). |  | Date  |  |
| --- | --- | --- | --- |

CONTACT PHONE NUMBER: …………..…………………………..…………..

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