

“PAYMENT” FORM

NAME:	
Position:	
COMPANY NAME: (If applicable)	
POSTAL address:	Line#1: Town/Suburb: State/County: Country: Postcode:
DELIVERY address:	Line#1: Town/Suburb: State/County: Country: Postcode:
ORDER/s being PAID by this transaction: (ie.. your references)	

“PAYMENT AUTHORISATION” FORM

CARD Type:		VISA & MASTERCARD are the only Credit cards we accept
CARD Number:		
EXPIRY Date:	/	
Name on Card:		
Please Note:	Payments are made in AUD (ie.. Australian Dollars) PLEASE NOTE: The AUD value will be converted back to your own currency by your Credit card provider and it will be this amount, in your own currency, that will appear on your Credit Card Statement.	
Your Email address:		NB: To enable us to email you a PAID Invoice for your records.