CREDIT CARD PAYMENT FORM

Address:	e(s):		
ress:			
Daytime Phone Number: Email:			
Please debit the following items to my Credit Card		Fee	
	Total	\$	
CREDIT CARD DETAILS I/We wish to pay by: Mastercard Visa CCV:	Tax Rece	eipt Required Yes /	
Amount:	Expir	y Date:	
I hereby authorise the AHSA Ltd to debit the credit card noted for the amount listed. Additional fees to referral where my calculation of fees required is incorrect in order to finalise the transaction applied for Cardholders Name (Block Letters):			
CREDIT CARD PAYMENT FORM			
Name(s):	Membership No:		
Address:	State:	.Postcode:	
Daytime Phone Number: Email:			
Please debit the following items to my Credit Card		Fee	
CREDIT CARD DETAILS I/We wish to pay by: Mastercard Visa CCV:	Tax Rece	eipt Required Yes /	
Amount:	Expir	/ Date:	
I hereby authorise the AHSA Ltd to debit the credit card noted for the amount listed. Additional fees to	the value if \$25 may b		
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