

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
Total	\$

CREDIT CARD DETAILS I/We wish to pay by: Mastercard Visa CCV: Tax Receipt Required Yes / No

Amount: Expiry 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 be debited without referral where my calculation of fees required is incorrect in order to finalise the transaction applied for.

Cardholders Name (Block Letters): Cardholders Signature:



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