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ABN 60 922 180 866

Credit Card Authorisation

Amount to pay : _____

(please note a 2% surcharge applies to all credit card transactions)

Credit card number: _____

Expiry date : _____

Name on card: _____

Signature Date.....

Phone: _____

Please Note: It has been agreed by the signatory that this is the agreed total amount that will charge against the above Credit Card.

For credit card orders, please fax/scan this form to the above number or forward it in a sealed envelope to the address above.