





## CREDIT CARD PAYMENT FORM

Name/Company .....

Invoice Number/s (IF PAYING ACCOUNT).....

Card Type: VISA    MasterCard    (please circle correct card)

Cardholder's name: .....

Card No.:.....

Expiry Date: .....

Signature : .....

Total Amount : \$.....

Receipt required     Yes     No

If Yes, please provide address:

EMAIL .....

Or STREET .....

Town/City: .....    Post Code: .....

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Staff Use only

Staff: Initials: .....    Date: .....

**CASHIER:**

*Please fax/email to United Uniforms on 03-97965743.*