

Credit Card Payment Form

MASTERCARD [] BANKCARD [] VISA []

CARD NUMBER ____ / ____ / ____ / ____

CARD HOLDER'S NAME

ADDRESS

CITY

POSTCODE

COUNTRY _____

EXPIRY DATE __ / __ TOTAL AMOUNT _____

I authorise Probus Centre – South Pacific Inc. to debit my credit card with the amount shown above. I certify that I am over 18 years of age.

SIGNATURE _____

OFFICE USE ONLY
RECEIPT YES [] NO []