

**PAYMENT BY CREDIT CARD
 APPLICATION FORM**

*****ALL OF THESE FIELDS ARE REQUIRED FIELDS*****

ATTENTION: _____ DEPARTMENT _____

Type of Credit Card (ie Visa)	
Name of Credit Card Holder	
Is this a Business Credit Card? Key Business name as Drawer/Holder	YES NO
Credit Card Number	
Credit Card's Expiry Date	
Payment Amount	
PAYMENT FOR:	
Card Holder's Signature	
Telephone Number	
Date Taken By Phone	
Call Taken By	

Please Note: We only have the facilities to accept payment from Visa or Mastercard