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Credit Card Payment Form

MASTERCARD VISA (Please Tick)

CARD NUMBER: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

CARD HOLDER'S NAME (Please print as appears on the card):

EXPIRY DATE __ / __ CVC _ _ _ _

TOTAL AMOUNT \$ _____ Inclusive of GST

I authorise Geelong Computer Help Pty Ltd to debit my credit card with the amount shown above which is inclusive of a 2% surcharge incurred for credit card payments.

SIGNATURE: _____ DATE: __ / __ / 20__

OFFICE USE ONLY	
TAX INVOICE NO	_____
DATE PROCESSED	_____
RECEIPT:	YES <input type="checkbox"/> NO <input type="checkbox"/>