

MEMBER PAYMENT PLAN

CREDIT CARD through PAYMENT EXPRESS/PAYLINE

PAYER DETAILS

Last Name: Title:
First Name: Phone (H):.....
Address: Phone (W):.....
Suburb: Mobile:.....
City: Post Code:.....
E-mail Address:
2nd E-mail Address:.....

VISA/MASTERCARD DETAILS

Name on Card: Exp Date:
Card Number: CCV:
Card Holder Signature:

FREQUENCY & AMOUNT

Fixed Amount: \$.....
First Payment Date: Last Payment Date:
Frequency: (circle): Weekly Fortnightly Four Weekly Monthly
Total amount to be paid:

I/We declare that the information contained above is true and correct and I/we agree to be bound by the terms and conditions on the reverse of this form

Signature: Date: