

CREDIT CARD PAYMENT FORM

Please complete this form to enable your tax invoice to be paid by credit card. Please note that a service fee will be applied to the amount stated on this form and this fee varies depending on the type of credit card used (see below):-

YOUR DETAILS

Title : Mr [] Mrs [] Ms [] Miss [] Other []

First Name: _____
Last Name: _____
Mailing Address: _____

Suburb/Town: _____
Postcode: _____
Contact Phone Number: _____
Email Address: _____

TAX INVOICE DETAILS

Matter Number: _____
Matter Type: _____
Amount: \$ _____

CREDIT CARD DETAILS

Type of Card:

- VISA Service Fee 1.135% (GST inclusive)
 Mastercard Service Fee 1.135% (GST inclusive)

Name on credit card: _____
Credit Card Number: _____
Expiry Date: _____

RECEIPT REQUIRED? Yes [] No [] If no selection a receipt will not be provided

Sign here:
Date:

Print and return form to:
Rennick & Gaynor Solicitors
PO Box 196, Camberwell 3124
or
Fax (03) 9882 4120