

PHONE/FAX - Credit Card Payments

Company Name _____

Invoice/Order number(s) _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Amount to Pay \$ _____.

Type of card Visa Mastercard

Card Number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expire _ _ / _ _

CCV (on back of card) _ _ _

Name on Card _____

I authorise Qld Sign Factory to deduct payment from credit card for payment as stated above.

Signature: _____

Thank you for your business.