

a/c Code: \_\_\_\_\_

## FOOTBALL NSW LIMITED

PO Box 6146, Baulkham Hills BC NSW 2153  
PH: 8814 4404 FAX 9629 3770

### CREDIT CARD PAYMENT FORM

Date Taken by phone: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CARD TYPE

AMEX

MASTERCARD

VISA

BANKCARD

CARD NUMBER:

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EXPIRY DATE:

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%

AMOUNT : \_\_\_\_\_

SURCHARGE: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Quantity	Description of Goods or Account details

Security Check  
back of card numbers \_\_\_\_\_

PAYMENT FOR: \_\_\_\_\_

ACCOUNT CODE\_ \_\_\_\_\_

RECEIPT REQUESTED

YES

NO

CLUB NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_

#### Credit Card Surcharges as follows

1.5% Visa Mastercard Bankcard  
2.5% American Express

Where did you hear about this? \_\_\_\_\_