

CREDIT CARD PAYMENT FORM

1. INTRODUCTION			
This form can be used for providing payment by credit card to Anatomics. Please note: there will be a 2% credit card transaction fee applied based on the transaction amount.			
2. PRODUCT DETAILS			
Patient Name:			
Invoice No.:			
3. PAYMENT AMOUNT			
\$	(Excluding credit card transaction fee of 2%)		
4. CARDHOLDER DETAILS			
Name on Card:			
Address:			
City/State:		Postcode	
Phone Numbers:			
5. CARD DETAILS			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	
Card No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Signature of Cardholder..... Date.....			
Please note that this payment is subject to approval of funds by your financial institution.			
6. YOUR PRIVACY			
The personal information you have supplied on this form is required to process your order. The information you have supplied is treated as confidential.			

Mail to the address below or Fax this form to: **+613 9529 8099**
 QR-72-01-10 R3

