



Payment Form for Credit Cards

Please **PRINT** and fill out this form to pay by credit card,
Scan & Email or Fax to the details below.

Email: col@aussieglass.com.au Fax: (07) 55270021

Customer Details

You **MUST** provide your contact details so Aussie Emergency Glass can contact you if there is a problem with your payment.

Name

Email

Phone

Business Name (if applicable)

ABN (if applicable)

Address (Including State & Postcode)

Please Continue to Page 2 – Job & Credit Card Details.

Job Details

Please enter the invoice or job number.

Invoice / Job Number

Amount Owing

Credit Card Details

Please note there is an additional 2.9% surcharge fee for all card transactions.

Card Type

Please Circle the card type.

VISA / MASTERCARD / AMERICIAN EXPRESS / DINERS

Card No.

Expiry Date on card

Name on Card

Card CVC (Card Verification Code found on back of card, front if amex.)

Signature of Card Holder

By completing this form you consent to your personal and card details being stored with Aussie Emergency Glass for the purpose of payment & Contact. You give Aussie Emergency Glass Permission to charge your card with the amount owing. Your Personal information WILL NOT be sold or shared with third parties.