

CREDIT CARD PAYMENTS

Best Practice Standards Pty Ltd

ABN 86 118 204 229

P.O.Box 5057 Wantirna South Victoria 3152 Australia

Fax (03) 9800-2484, email sales@bps-testntag.com.au

Date of Purchase:	
Goods or Services Being Purchased:	
Transaction Amount:	
Card Holders Name:	
Credit Card No: (Also complete CCV # Below)	
Card Expiry Date:	
Type of Credit Card: (MC, BC or Visa only)	BankCard, MasterCard, Visa. Please Circle one
Customer Signature Authorizing Credit Card Transaction for this Purchase:	_____
Comments:	
Client Landline and Mobile Phone Number:	
<u>Office Use Only:</u> For Larger and/or International Uncleared Orders.	
Copy of Drivers License Provided?	Yes / No / NA
Signature Matches with Drivers License / Passport? (If "No" do not go ahead with Transaction)	Yes / No / NA
Address on License: Matches other documents	Yes / No / NA
Delivery address: (Does it match address on any documents supplied? If no do not proceed)	Yes / No / NA

A Receipt/Tax Invoice will be posted to you on processing your order.

N.B. Please note this transaction will appear as StrataPay on your credit card statement.



C.V.V Number: (3 digit security code usually found on the back of the card last 3 digits)
Place number here: _____

For your security, this bottom portion will be detached and destroyed once this transaction is complete.