

CREDIT CARD PAYMENT DETAILS

Date _____ Job Number _____

I, _____ hereby give authorisation for
Anderson Camera Repairs to deduct from my Credit card the amount of

\$ _____ (Total of repairs & freight)

Credit Card type (Please tick)

Mastercard Visa Amex Bankcard

Card number

q q q q q q q q q q q q q q q q

Expiry date _____

Confirmation of final delivery address:-

Name _____

Address _____

Please FAX to (07) 3821 0006

E-mail- admin@andersoncamera.com.au