

## CREDIT CARD PAYMENT FORM

Department of the House of Representatives PO Box 6021, Parliament House, Canberra 2600 ABN: 18 526 287 740 Organisation name: Address: ABN: Finance Contact: Phone: Names of Participants: Seminar and code Cost **Payment Total** \$ **Payment Method** Diners ☐ Cheque ☐ Amex ☐ Mastercard ☐ Visa ☐ Bankcard ☐ Direct Credit (Date: .....) Cardholder's Name: Expiry date: Card Number: Total Payment: \$ Cardholder's Signature: Date:

A TAX INVOICE WILL BE ISSUED ONCE PAYMENT IS PROCESSED

ALL PRICES ARE GST INCLUSIVE