

CREDIT CARD PAYMENT FORM

To the Arabian Horse Society of Australia Ltd.

Name(s):.....Membership No:.....

Address:.....State:.....Postcode:.....

Daytime Phone Number:..... Email:

Please debit the following items to my Credit Card	Fee
Total	\$

CREDIT CARD DETAILS I/We wish to pay by: Mastercard Visa CCV: Tax Receipt Required Yes / No

Amount: Expiry Date:

Cardholders Name (Block Letters):Cardholders Signature:



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