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ACCORDING TO PROCEDURES**

Credit Card Details			
Please charge my	<input type="radio"/> Mastercard	<input type="radio"/> Visa	<input type="radio"/> American Express
Amount	\$		

Name as appears on card																
Card Number																
Expiry Date																

Signature															
Daytime Phone Number															
Date															

Please note: All credit card payments are subject to a 0.7% service fee

Office Use Only

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