

# Credit Card Payment Form



Today's Date:

Visa    MasterCard    Amex    Diners

Name on Card:

Card Number:

Expiry Date:

CCV:

Amount: \$AUD

Reference #

Invoice #

## Company / Personal Details

Company / Name:

Address:

State / Territory:

Post Code:

Phone:

Fax:

Authorised By:

Additional Info:

## Sydney Coach & Bus Tours

Ph: (02) 8580 1550

Mobile: 0478 965 121

Fax: (02) 4744 2586

Email: [sydneycoachbustours@gmail.com](mailto:sydneycoachbustours@gmail.com)

Mail: PO Box 3002 Kingsgrove, NSW, 2208, Australia

ABN: 85 651 692 630

American Express



4 Digit Verification Number

Visa, MasterCard, Diners



3 Digit Verification Number

## Sending Options

1. Click *Submit by Email*
2. Print to PDF and Email
3. Print & Fax
4. Print, Scan & Email or Fax
5. Phone in your details

Please return this completed document for processing.

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