

**CREDIT CARD PAYMENT**  
IN TWO EASY STEPS

**[1] – Please complete your credit card details**

Name on Card: \_\_\_\_\_

Card Type: Visa / Mastercard (please circle your card type)

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Order Number: \_\_\_\_\_

Please Specify: White Veil / Silk White Veil / Ivory Veil / Ecru Veil (please circle your preference)

**Amount** \$ \_\_\_\_\_

**[2] – Fax this form to: 03 8612 3630**