



## Credit Card Payment Form:

Thank you for your order. You must ensure the amount stated below is consistent with the amount payable on your completed Tollrider request. If you are uncertain of the correct amount please contact us on 02-9914 8732.

This form must accompany any mailed orders or requests that require payment.

Please **fax** this form directly to **02-9774 2321**.

Attach this form to your application/request.

MASTERCARD [ ] VISA [ ] Other [ ] \_\_\_\_\_

CARD NUMBER \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ EXPIRY DATE \_\_\_\_ / \_\_\_\_

CARD HOLDER'S NAME (as appears on the card)

\_\_\_\_\_

CARD HOLDER'S ADDRESS

\_\_\_\_\_

CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

NUMBER OF UNITS AT **\$38.50** per unit \_\_\_\_\_

SHIPPING AND HANDLING FEE - Add **\$15** per unit within Australia only.

**TOTAL AMOUNT :** \$ \_\_\_\_\_

Tick which size S  M  L

I authorise John Sample Automotive Pty Ltd to debit my credit card with the amount shown above<sup>1</sup>.  
I certify that I am over 18 years of age.

CARD HOLDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<sup>1</sup> Due to privacy issues John Sample Automotive will not issue credit card transaction receipts.

### OFFICE USE ONLY

REGISTRATION CODE \_\_\_\_\_

APPLICATION/REQUEST REFERENCE \_\_\_\_\_

RECEIPT NO \_\_\_\_\_

DATE PROCESSED \_\_\_\_\_

ABN: 49 950 095 863

John Sample Automotive Pty Ltd

Uni1 / 21 Amour Street

Revesby NSW 2122