



QUEEN OF APOSTLES UNIFORM SHOP
Credit Card Payment form

Authorisation 13 26 36

Name: _____

Home Phone: _____

Mobile: _____

Credit Card No.

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Expiry Date

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Card Check Value

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Card Type

Visa	Bankcard	Mastercard
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Please debit from my Credit Card the amount of \$ _____

Printed Name: _____

Signature: _____