

Email (please print):

## **Credit Card Payment Request**

Queensland Titles Registry ABN 23 648 568 101

| Credit card payment details (Please print following credit card and payment details clearly)   |                                   |            |
|--|-----------------------------------|------------|
| Payment amount: \$   | Card type (tick appropriate box): | Mastercard |
| Cardholder's name:   |                                   |            |
| Card number: Expiry date:  |                                   |            |
| Cardholder's signature: Date:  |                                   |            |
| * For security reasons please do not email the completed credit card form. ** Please ensure you have sufficient funds available. ** AMEX cards are not accepted. |                                   |            |
| OFFICE USE ONLY - Receipt number:  |                                   |            |
|  |                                   |            |
| Products   |                                   |            |
| QUANTITY DOCUMENT NO.  | PRODUCT NAME                      | AMOUNT     |
|  |                                   | \$         |
|  |                                   | \$         |
|  |                                   | \$         |
|  |                                   | \$         |
|  |                                   | \$         |
|  |                                   | \$         |
|  | TOTAL                             | \$         |
| Customer information   |                                   |            |
| ompany name (if applicable):   |                                   |            |
| lame:  |                                   |            |
| ostal address:   |                                   |            |
|  |                                   |            |
| ontact number:   |                                   |            |