



PTY LTD

A.B.N. 72 004 108 365
PO BOX 112, 14 MALUA STREET, RESERVOIR, VICTORIA 3073, AUSTRALIA
TELEPHONE: (03) 9460 3211 FAX: (03) 9460 7193

CREDIT CARD PAYMENT

Reference our order / quote number _____ being for \$ _____

Please charge this purchase to my: Mastercard Visa Bankcard

My Full Card Number is:

□□□□ □□□□ □□□□ □□□□

Valid From: _____ Expires On: _____

Name on Card: _____

Company Name: _____

Phone: _____ Mobile: _____

Address: _____

_____ Postcode _____

Signature of Card Holder: _____

NOTE: Payment must be received to allow your Job to be entered into Labelhouse's Production Schedule.

Name of Labelhouse's Contact you are dealing with, for reference:

NOTE: We need you to fill out the Account Application Form which is subject to our Terms and Conditions of Sale.

Please fax this form to our Fax # 03 9460 7193