

# The Health Roundtable

## Credit Card Payment Request

Please charge our Visa / Mastercard for payment of the following outstanding invoice(s). I understand that there is a 3% surcharge on the value of the invoice to cover processing fees imposed by the bank.

Invoice Numbers being paid	
Amount to be paid (including 3% surcharge)	<input type="checkbox"/> \$AUD _____ <input type="checkbox"/> \$NZD _____
Type of Card	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Card Number	_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _
Expiry Date (mm/yyyy)	_ _ / _ _ _ _
Name on Card	
Billing address of card holder	
Card holder signature	
Contact person name	
Contact person telephone number	
Contact person email address	

Please fax this request to The Health Roundtable – Sydney **(02) 9988-4552**

From New Zealand, the number is **+61 2 9988 4552**

When the transaction is processed, we will send you a confirming email.

If you any questions, please contact David Dean at (02) 9440-2016 or Email [david.dean@healthroundtable.org](mailto:david.dean@healthroundtable.org)