# Credit card payment form

If you would like to pay ARPANSA by credit card, please complete this form and return by either mail or fax.

# Customer and invoice details

1. Please provide the following information for our reference:

|  |
| --- |
| **ARPANSA Tax Invoice Number: ARI** |
| **ARPANSA Customer Number:**  |
| **Customer Name:**  |
| **Invoice Amount:**  |

# Credit cardholder details

1. For payment by credit card please complete this section with your credit card details:

**Please Note: ARPANSA accepts credit card payments of up to a MAXIMUM of $5000. Please use alternate payment method for anything over this amount.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Card Number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |
| Name shown on card:  |
| Payment Amount:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Expiry Date:  |
| Cardholder email address: |
| Daytime contact number:  |
| **Cardholder signature:**  |
|   |

1. Send this form with the ARPANSA remittance advice to:

**ARPANSA 619 Lower Plenty Rd, Yallambie VIC 3085**

**Phone: (03) 9433 2211 Fax: (03) 9432 1835 Email: accounts@arpansa.gov.au**