# 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:

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| --- |
| **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**