

# WA Volunteer Fire & Rescue Services Association



## Credit Card Payment Form

**Please complete the following:**

Name: \_\_\_\_\_ Brigade: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Postage will still be paid by the purchaser (COD). If you wish to include postage in this payment please contact the office for the amount.

For all enquiries, please contact the Association at:

Phone: 08 9377-8900 Fax: 08 6278-3456 Email: [admin@frsvols.asn.au](mailto:admin@frsvols.asn.au)

Please fax this payment slip to the above fax number, or post to:

PO Box 2417  
High Wycombe WA 6057

Should you wish to pay by credit card, please complete the details below. Please note, there is a surcharge of 4% for any purchases made on an international (overseas) credit card.

If you have any doubts or queries, please contact the office.

Amount to debit card: \$ \_\_\_\_\_

These details will be shredded once payment has been made. A receipt will then be posted to the above address.

Invoice Number: \_\_\_\_\_

Card Type: Visa  Mastercard  CCV \_\_\_\_\_

Number: 

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 Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_  
Please use block letters