

# Credit Card Payment Form

If you would like to pay for your order by credit card please fill out this form and email/fax it back to us at [d.connole@displayways.co.nz](mailto:d.connole@displayways.co.nz) or **(04) 576 0991**.

Company Name:	_____	Order Number:	_____
PO Box:	_____	Telephone:	_____
Street Address:	_____	Fax:	_____
City:	_____	Mobile:	_____
Contact Person:	_____	Email:	_____
Event:	_____		

Payment:

Visa       AMEX       Mastercard       Diners

Credit Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount:      \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_      Signature: \_\_\_\_\_

**PLEASE NOTE: Hire period is based on 1-7 days.**

**Payment is to be received prior to delivery.**