



Archive of New Zealand English Credit Card Payment Form

Please use this form to provide details for payment.

Surname: _____

Given name: _____

Card Type (please tick): Visa Mastercard

Only Visa or Mastercard is
accepted.

Card Number: _____ _____ _____ _____

Expiry Date: _____ / _____

Amount: (NZ\$) _____

Name on Card: _____

Signature: _____

Please fax this form to: +64 4 463 5604, Attention Bernadette Vine
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