Credit Card Payment Form Australian Contingent – 12th New Zealand Venture – Venture South

NZV ID															
Venturers Name															
Amount to Pay															
Card Number															
Expiry Date	CCV (on back of card)												•		
Name on Card															
Signature															
Please note we only acce A 1% surcharge applies to Please post the comp Australian Contingen PO Box 3401 Gippsland Mail Centi	o all pleto nt	card ed f	d trai	nsac	tions										
or															
Email a scanned copy admin.nzv2013@sco	•		n.aı	ı											
or															
Fax to 03 9998 2008															
Office Use Only Date Received:															
Date Processed:															