



Credit Card Payment Form

Date: _____

Payment for: Invoice No: _____

New Service Booking to: **Royal Hit / San Rubin II** (Please circle)
Fürst Love / Fiderstern

Payment Amount: \$ _____

Credit Card Type: VISA / MASTERCARD / BANKCARD

Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____ (MM/YY)

Name on Card: _____

Signature: _____

**Please fax this form to 03 5626 7090
or post to Bloomfield Farm, 1246 Bloomfield Rd, Crossover Victoria 3821**