



CREDIT CARD PAYMENT FORM

Applicant _____

Date of Application _____

Heritage Place (Address & Register Number) _____

Please Debit My Credit Card as Follows:

Card Number:

Expiry Date / /

Amount to be debited: _____

Card Type: MasterCard Visa BankCard

Cardholder's Name _____

Cardholder's Signature _____

This is not a tax invoice. A receipt for the amount paid can be forwarded to you on receipt of the Application and once payment is cleared.

