

ROSTHWAITE FARM

P A Bice

For Payment to P A Bice

Invoice in the name of:

Name			
Contact Numbers	Work:		Mobile/Home:

Details of Credit Card

Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> <i>Sorry Not: AmExpress or Diners</i>
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date:	<input type="text"/> <input type="text"/>
	CVV Last 3 numbers on rear
Name as it appears on card:	<input type="text"/>
Amount to be paid: ONCE ONLY	\$ <input type="text"/>
Signature of Card Holder	<input type="text"/>
Email address – for receipt	<input type="text"/>

Please fax this form to 02 4405 5898

Rosthwaite Farm
Phone: 02 4868 3966

Yarrowa Road

Moss Vale NSW 2577
Fax: 02 4405 5898