Credit card payment form

Please print and complete this form and send to Skills Active, attention: Finance, with your payment.
Skills Active, PO Box 2183, Wellington; Fax: ***04 385 7024***

Name	
Company	
Address	
Telephone	
Email	

Invoice numbers paid for:	**Amount**
Total Amount	

Payment method (please tick box):

Visa ☐

MasterCard ☐

Card number	/ / /
Card expiry date	/
Cardholders name	
Cardholders signature	