

CREDIT CARD PAYMENT FORM

GST 92-634-191

TransNational (NZ) Limited
Te Whakawhiti Whenua

Auckland / Otahuhu / Tauranga

New Plymouth / Wellington / Christchurch / Dunedin

Toll free: 0800 000 339

Client details

I approve TransNational to process the transaction by credit card as follows:

Amount: _____

最終金額は4%のカード利用料と郵送料を加味して下さい。

Visa Mastercard AMEX Diners PayPal

Name of cardholder: _____

Card number: _____

Expiry date: _____

Date: _____

Cardholder signature: _____

TERMS AND CONDITIONS



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