



Credit Card Payment Form

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Postcode:** _____

Application Fee Payable: \$ _____

Valuation Fee Payable: \$ _____

Loan Reference Number: _____

Please note Valuation Fees and Application Fees are Financial Supplies and will be outlined in your loan agreement, therefore not issued on a tax invoice.

Enter your credit card details, sign below then fax to 07 3234 7445 or email to info@breez.net.au

Payment Method – Credit Card:		
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
Card Number:	Expiry Date: ____/____ (Month) (year)	
Cardholder Signature:		

By signing this form I authorise Breez Finance Corporation Pty Ltd to make this payment and charge the credit card information provided. I understand that merchant fees will be added. I also understand that if the billing/cardholder information is found to be incorrect, is rejected at processing, or if additional charges are added, Breez Finance will inform me by phone at the number listed below. After receipt of communication, if I fail to provide accurate payment information or if I refuse to accept the additional charges, my payment will be cancelled.	
<input type="checkbox"/> I understand and agree to the terms and conditions referenced above.	
Customer Signature:	Date:
Daytime Phone Number:	