

Birkdale South State School **Credit Card Form**

To: Birkdale South State School P&C Association

Cardholder's Name: _____

Cardholder Signature: _____

Student's Name: _____ Class _____

Card No: - - -

Card Type: MasterCard / Visa card

Expiry Date: ____/____

Phone No: _____ Total Amount: \$_____

Office Use: App Dec Date _____

EFTPOS & Credit card facilities can be used for all new products at the Uniform Shop