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**CREDIT CARD PAYMENTS**

To assist our practitioners, we are pleased to accept credit card payments (Visa and MasterCard only)

If you wish to take advantage of this payment facility, simply complete the remittance advice below and return it to us either by facsimile transmission, or with your application form in the mail.

Name: ………………………………………………………………………………….

Please circle: Visa Mastercard

Card no. ……………..…… ……..…………. …..…………….. …..……………

Three digit security no. on revers of card: ……………… Expiry date: ………………………

Name of card: ……………………………………………………………………………..

Amount: A$ …………………………………………

Signature of card holder: …………………………………………………………………

Return to:

PO Box 959

South Perth WA 6951