



Payment Remittance Form

Name of Licensee or Member: _____

CREDIT ACCOUNT OF:

Name in Full: _____
Surname First Name Initial

Telephone: _____
Business Home

Email: _____

APPLY TO INVOICE NUMBER: _____

AMOUNT OF PAYMENT: _____

PAYMENT INFORMATION:

Visa Mastercard

Name of Cardholder: _____

Account #: _____

Expiry Date: _____ CVV # _____

SIGNATURE OF CARDHOLDER: _____

Disclaimer: Remitting this information via email may not be secure. The SAA does not take any responsibility for appropriated email transactions.

Personal information contained on this form is collected under *The Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request.