



CITY OF VINCENT

# HEALTH SERVICES PAYMENT FORM ONLINE APPLICATIONS

## PAYMENT OPTIONS

**BY MAIL:** CITY OF VINCENT, PO BOX 82, LEEDERVILLE WA 6902  
*Do not send cash through the mail. Complete the attached Credit Card Payment details, or forward a cheque or money order made out to the City of Vincent.*

**E-MAIL:** [mail@vincent.wa.gov.au](mailto:mail@vincent.wa.gov.au)

**FAX:** (08) 9273 6099

**IN PERSON:** 244 VINCENT STREET, LEEDERVILLE WA 6007  
*Monday to Friday between 8:00am – 5:00pm*

APPLICANT NAME - \_\_\_\_\_

PREMISES/TRADING NAME - \_\_\_\_\_

ADDRESS/LOCATION - \_\_\_\_\_

REASON FOR PAYMENT - \_\_\_\_\_

DATE ONLINE FORMS COMPLETED - \_\_\_\_\_

**CREDIT CARD PAYMENT DETAILS:**

*Please complete the following details, and submit the form in its entirety to the City of Vincent. Please note American Express and Diners Club are not accepted.*

Please charge my (please circle):    Bankcard                                    Master Card                                    Visa

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Card Expiry Date:                                    \_\_\_\_\_ / \_\_\_\_\_

Please debit my Credit Card with the amount of: \$ \_\_\_\_\_

Cardholder's Name  
(as shown on the Card): \_\_\_\_\_

Cardholder's Signature  
(as shown on the Card): \_\_\_\_\_



*Your signature hereon is authority for us to issue a sales voucher for the full amount (shown in the space provided above) and an acknowledgement that the sales voucher, if endorsed "Mail Order", to be treated as having been duly signed by the cardholder. Please forward the entire form with the details clearly completed.*

OFFICE USE ONLY                                    SEE HEALTH SERVICES FOR RECEIPT ALLOCATION CODE  
RECEIPT CODE: