



Gift Voucher Payment Form



Purchaser name: _____

Phone: _____

Email: _____

Gift Voucher Type: _____

Recipient details:

Name: _____

Send voucher by post or by email

Address: _____

Message on voucher:

Payment Options:

1. Please debit my credit card _____

Expiry ____/____ CCV no. _____ Total Amount: \$ _____

* plus 1.9% surcharge if payment on Amex and Diners and 1% on Visa and Mastercard

Signature _____ Date ____/____/____

2. Deposit funds into our account: St George. BSB: 112-879 Account: 424 258 304
Use your name as a reference and complete and return this form plus the remittance to us.

3. Pay with visa or mastercard online - www.eastsail.com.au/payments/
Use your name as a reference and complete and return this form plus the remittance to us.

Please email this form to reception@eastsail.com.au

Please note Gift Vouchers are valid for 12 months unless otherwise specified and are subject to our terms and conditions that can be found on our website.

Refunds are not available.