



**Flowers Financial Group
Payment Form**

Date: _____

Account Name: _____

Amount to be Paid: _____

Invoice Number: _____

Credit Card Details

Name on Card: _____

Card Number:

Expiry Date: _____

Card Type: Visa / Mastercard / AMEX / Diners (Please Circle)

Client Signature: _____

Flowers Bank Account Details

Name: Flowers Financial Group

BSB: 182-222

Account: 291971711

(Please use your invoice number in the reference field when submitting your payment)

grow with flowers