



## Internet Payment

Company\* : \_\_\_\_\_

Contact person\* : \_\_\_\_\_

Address\* : \_\_\_\_\_

Phone\* : \_\_\_\_\_

E-mail address\* : \_\_\_\_\_

Card number\* : \_\_\_\_\_

Name of card holder\* : \_\_\_\_\_

Expiry date\* : \_\_\_\_ / \_\_\_\_

Verification numer\* : \_\_\_\_\_

Type of card\* : \_\_\_\_\_ at EUR / VISA \_\_\_\_\_ at Dollar / MasterCard

Article: \_\_\_\_\_

Article number: \_\_\_\_\_

Invoice amount: \_\_\_\_\_ / \_\_\_\_\_

Invoice number: \_\_\_\_\_

\* This fields must be filled!

**Please fax back to:**  
**+49 (0) 208 / 8268 - 286**