

for Credit Card Payment

Instruction

1. Complete requested information
2. Print form
3. Sign form
4. Send via fax or post

Contact

Fax response:	+49 7071 565 44 56	CeGaT GmbH
Hotline:	+49 7071 565 44 55	Paul-Ehrlich-Straße 23
Email:	info@cegat.com	D-72076 Tübingen
		Germany

Patient & invoice information

Invoice number: _____

CeGaT number or patient name / initials (optional): _____

Authorized payment amount (incl. VAT): _____

Credit card information

Card type (please mark one): Visa Mastercard American Express

Card number: _____

Expiration date (MM/YY): _____

Security code (CVC/CVV/CID): _____

Creditholder information

Cardholder name: _____

Cardholder address: _____

Cardholder email: _____

Cardholder signature: _____