

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: _____