

VISA and MasterCard Fax Page

Instructions:

To complete the payment, print out this page. Fill in this form in block letters and **FAX** it back to us together with a recto verso **copy of your Credit Card** and a recto verso **copy of your ID card**.

Card holder's name: _____

Expiry date: ____ - ____ (month / year)

Credit card number:



4 _____ - _____ - _____ - _____

(OR)



5 _____ - _____ - _____ - _____

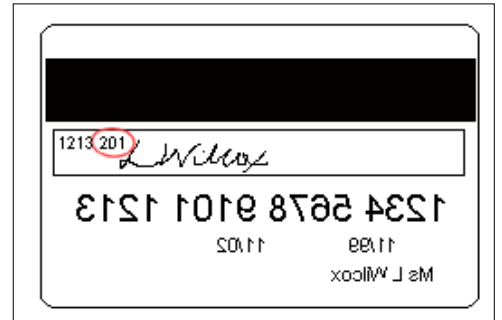
(OR)

CVC (Card Verification Code): _____

Amount to be debited: € _____

(this is the amount given on the pro forma invoice)

Pro forma invoice number OR description of the order:



CVC: Card Verification Code

Date of today: ____ - ____ - _____

Signature: