

Visa / Mastercard payment form

Warning: ISFAE **cannot guarantee** the safety of your **credit card details** if you send the form **by email**.

We would like to get the full payment. Therefore, a small extra fee (about 20 €) will be added to your payment (commonly the local bank charges us).

Company Name _____

Merchant Number _____

CVC/CCV NUMBER (OBLIGATORY) _____

Expiry date _____

Total Amount to be paid _____

Order Number _____

Requested Sum _____

Authorization Number _____

Contact Person (Full name) _____

Phone _____ Fax: _____

Signature _____ Date: _____

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