

Information for payment with Credit Card

(*) Required fields

Billing address:

Company / Institute	
Department	
First Name / Family Name (*)	
Street (*)	
ZIP, City (*)	
E-Mail (*)	
Customer Number	

Payment and Credit Card Information:

Name of Cardholder (*) (First Name and Family Name)	
Card Type (*) (Master- or VISA-CARD)	
Credit Card Number (*)	
Card Expiration Date (*)	MM / YYYY
CVV/CVC Number (*)	
(Proforma-) Invoice-Number (*)	
Amount in € (*)	

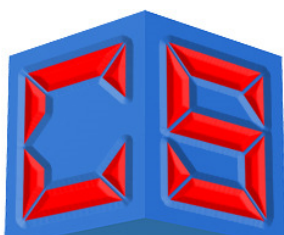
Signature of Cardholder (*)

Agreement:

By signing this form you agree that the data provided by you (mandatory fields) will be collected and processed electronically. Your data will only be used strictly for the agreed payment and will not be stored. You can revoke this consent at any time by contacting us. The revocation must be sent by e-mail to: rechnungseingang@cs-chromatographie.de, or by post to: CS - Chromatographie Service GmbH, Am Parir 27, 52379 Langerwehe (Germany). Upon receipt of the revocation, we will no longer use, process or delete the data. For more information, please refer to our data protection declaration, which you can find at www.cs-chromatographie.de/index.html?page=DATENSCHUTZ&LANG=eng.

Note:

Please complete, sign and return it by fax (+49 2423/40493-49) or as a .pdf- or .jpg-file per e-mail (rechnungseingang@cs-chromatographie.de).



...because service is our power!