

Credit Card Payment Form

Personal / Company details (PLEASE PRINT)

First name / Surname:

Company name:

Address:

Zipcode / Postcode: Country:

Business Phone / Fax:

E-mail address:

Payment Instructions (PLEASE PRINT)

Please charge my credit card:



Visa



MasterCard



JCB

Card number:

Expiry date: Month: /Year: *Card security:

Card holder's name (as shown on card):

Credit card billing address (if different from above):

.....

Currency: Payment amount:

Invoice number: Invoice date:

Please charge my credit card indicated with the amount shown above

Signature: Place / Date:

Please return this form via fax to: +49 40 51 484 960

or via Airmail/Priority mail to:
TVV Tele Verzeichnis Verlag GmbH
Borsteler Chaussee 85-99 a
22453 Hamburg
Germany



*Card Security CVC

Visa, JCB, MasterCards
The last 3- digits printed on the back
of the card are the security code