

Credit Card Payment Form

Please return completed and signed form by fax to +49 228 32968 49!

1. SERVICE DETAILS – PLEASE SPECIFY TYPE OF SERVICE TO BE PAID:

- Domains specify domain(s): _____
- Certificates SSL-Certificate(s): _____
- Invoice invoice number: _____
- Prepayment account number: _____

2. CREDIT CARD DETAILS

- Credit card issuer: VISA MASTER CARD
- Credit card **number** (16 digits): _____
- Credit card **expiry date** (MM / YYYY): _____ / _____
- Credit card **CSV security code**
(3 digit code, see back of card) _____

3. CARD HOLDER DETAILS

- Last name and first name of card holder
(exactly as it appears on credit card) _____
- Company / Organisation (if applicable) _____
- Street address
(address as known to credit card issuer) _____
- Postal code , City _____
- Country, State (if applicable) _____
- Phone number (no mobile phones) _____
- VAT-ID:
(value added tax identification code, if applicable) _____

4. TRANSACTION DETAILS

By signing this form, I authorize EPAG Domainservices GmbH to charge the credit card specified above with pending invoices of my EPAG account. I understand that this authorization will be valid until revoked.

5. SIGNATURE

By completing and signing this form, I authorize EPAG Domainservices GmbH, Bonn, Germany to charge my credit card as in (4). I confirm that

- All payment details given above refer to a valid VISA or MASTERCARD credit card.
- I am the legitimate holder of this credit card.
- My address details are correct and do correspond with the address details know to the credit card issuer.

Name of card holder: _____ Job title: _____

Location, Date: _____ Signature: _____

Transaction ID
(to be filled by EPAG) _____