

PAYMENT BY CREDIT CARD

Please complete the form below and send it, duly signed, to the following fax number:

+49 3212 - 100 3752

(Please press START or SEND on your fax machine; being a multiple task machine, no FAX SIGNAL can be heard)

or post it to the following address:

**Jacob-Consulting, S.L.U.
Apartado de Correos, 13
E-38580 Villa de Arico / Tenerife
SPAIN**

Company name:

Family name:

First name:

Street name:

Postal code: Place of residence:

Client reference number:

Advert reference number:

Herewith, I authorise Jacob-Consulting, S.L.U.

to debit my credit card

with the amount of €

Credit card: () Visa Card () Euro Card

Credit card number:

Expiry date:

Card verifying number:

The card verifying number is the number (the last 3 figures) in the signature part on the flip side of your credit card (VISA, Master or Euro-Card)

.....
Date

.....
Signature