

Payment via Credit Card

VISA / Master Card

I, _____
authorize **metabion international AG**, Lena Christ strasse 44/l, 82152 Martinsried, Germany to charge my credit card with the following amount:

• Currency (USD, GBP or Euro)	
• Amount paid (total incl. shipping, VAT, if applied)	
• Against Invoice / Quotation number(s)	

VISA

or

Mastercard

• Credit card number:	
• Valid through / Aging date:	
• Check digits/ proof numbers (on the back side of your credit card, the last 3 numbers in the signature field):	

Card holder's name	
Date, signature	

PAYMENT INSTRUCTIONS

Please note that due to data security reasons, we cannot accept e-mails!

Please send us your data exclusively by fax to

+49 (0) 89 899363 175

Please contact us, if you have any concern or question at +49 (0) 89 899363 16 or +49 (0) 89 899363 27

Your metabion international AG team,