

Credit Card Authorization

Please reply by email to adhd@cpo-hanser.de or fax to 0049-40-670 32 83

I hereby agree that CPO HANSER SERVICE charges the amount of

EUR _____ (Invoice no : _____)

Through the following credit card

Visa ____ Mastercard/Eurocard ____ American Express ____

Card no. _____

Expiry date _____

Security number _____

Card holder name _____

Company _____

Address _____

I have attached a copy of the credit card.

Date _____

Signature _____

Hamburg · Berlin
Büro Hamburg: Hanser & Co GmbH
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