



MegaGen F.D. SA, Via Valegia 8, 6926 Montagnola, Switzerland

Praxis:
Straße:
PLZ, Ort:
Ansprechpartner:
Tel:

Datum: _____

MEGAGEN CREDIT CARD AUTHORIZATION FORM

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
CARD NUMBER / ACCOUNT NR					
EXPIRATION DATE					
CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX)					

AUTHORIZED USER OF CREDIT CARD	
NAME	MegaGen F.D. SA
ADRESS	Via Valegia 8, 6926 Montagnola
PHONE NUMBER	+49 6221 455 1140
EMAIL ADDRESS	info@imegagen.de

SIGNATURE		DATE	
		LOCATION	

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

MegaGen F.D. SA
Via Valegia 8
6926 Montagnola
Switzerland

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Fax: +49 8241 9612399
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Web: www.imegagen.de

Logistikzentrum:
MegaGen F.D. AG
Ziegeleistr. 18
D-86860 Jengen
Germany

USt.-ID-Nr. Schweiz:
CHE-494.371.457
USt.-ID-Nr. Frankreich:
FR91 819644659
USt.-ID-Nr. Deutschland:
DE 305 286 575

Bankverbindung:
UBS Deutschland AG
IBAN: DE47 5022 0085 1038 7500 15
BIC: SMHBDEFFXXX