

クレジットカード利用承諾書 (継続課金)
RECURRING CREDIT CARD CHARGE AUTHORIZATION

下記に記載のFAX番号までご送付をお願いいたします
PLEASE SEND VIA FAX TO:
(必要があれば電話会社識別番号を010の前にダイヤルしてください)
010 49 228 286 206 972
もしくは 010 49 228 286 206 971

BILLING ADDRESS

Name/Clinic/Practice:	SICAT Customer No.:
Card holder's name:	Phone:
Street, House No.:	Fax:
Floor:	VAT-ID:
City / State:	E-Mail:
Zip Code, Country:	

CREDIT CARD INFORMATION & CHARGE AUTHORIZATION

Credit Card:
Name on card: Expiry date:
Credit Card No.:

I (we) hereby authorize SICAT GmbH & Co. KG to charge my (our) credit card account listed above for the amount payable for products or services ordered by me (us). I (we) understand that any payments are based on the current price information.

SICAT GmbH & Co. KG reserves the right to charge this account without requiring the customer's signed authorization for each transaction. I (we) understand that I (we) may notify SICAT GmbH & Co. KG by written request at anytime to terminate this authorization. Also, SICAT GmbH & Co. KG reserves the right to terminate this authorization agreement at anytime. It is my (our) responsibility to update this credit card information.

This authorization will remain in effect until SICAT GmbH & Co. KG is notified by me (us) in writing to cancel it.

CARD HOLDER'S SIGNATURE

I herewith accept the General Terms & Conditions of SICAT GmbH & Co. KG in their current version. A hard copy of the General Terms and Conditions can be downloaded on www.sicat.com.

<input type="text"/>	<input type="text"/>
Date	Signature