

RECURRING CREDIT CARD CHARGE AUTHORIZATION

PLEASE SEND VIA FAX TO:

+49 228 854697-29 (General)
1 855 401 1654 (USA & Canada, **toll free**)
01 49 220 854697-29 (Australia)

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.:	CVV* 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

*For Visa/ Mastercard, the three digit CVV number is printed on the signature panel on the back of the card immediately after the card's account number. Please register the last three digits. For American Express, the four digit CVV number is printed on the front of the card above the card's account number.