

## FAX-Back

**Fax to +49 2161 6884468**

If you'd like us to charge your credit card (Visa and Mastercard only) please complete the fields below. (Interactive form, can be filled in ADOBE, but must be printed and faxed for data security).

**This information will not be stored in any computerized system and will be used only once for the payment of the bioplastics MAGAZINE subscription.**

**This fax will be destroyed after use.**

If you do not want to fax this information you can also call us at +49 2161 6884469

Account number: \_\_\_\_\_ Invoice-Number: \_\_\_\_\_

### Personal Information

Name	_____	State/Province	_____
Company	_____	Zip/Postal Code	_____
Address	_____	Country	_____
Address	_____	email	_____
City	_____		

### Amount authorized

€ (EURO)

\_\_\_\_\_  
Signature

### Payment

Card Type  VISA  Mastercard Sorry, no AMEX

Card Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_

Card Verification Code\* \_\_\_\_\_

Cardholder Name \_\_\_\_\_

\* Card Verification code: 3 digit code on the back of the card