

Solenne BV

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www.solennebv.com

Credit card authorization form

This section to be completed by cardholder

Cardholder name: _____
(Full name as it appears on credit card)

Your PO number: _____

Our invoice number: _____

Company name: _____

Country: _____

Amount (check one): _____ Euro US dollar

Cardnumber: _____

Exp. Date: _____

Security code: ____ ____ ____

(This number is 3 digits and is the non-embossed number printed on the signature panel on the back of your credit card immediately following the card acct. Number. This number is recorded as an additional security precaution)

Card type (check one): Visa Mastercard

Card holder's signature:

Date:

Fax to: Solenne BV at +31 (0)50 577 0283

Or

E-mail to: info@solennebv.com or sales@solennebv.com