

## **Credit Card Data**

I hereby authorize WEBER TOOI	_S to charge my credit card in the amount below stated:
Weber Tools invoice# :	
Amount of invoice:	
Currency:	
Order date:	
Credit card:	☐ Mastercard
	☐ Visa
Name of cardholder:	
Adress of cardholder: Street:	
City + ZIP code:	
Card no.:	
CVC/CVV verification no.: * *( last three digits on the back of your card)	
Expiration date:	
I confirm that I am the legitimate correct.	owner of this credit card and the above information is
Date	Signature + company stamp

Please fax this form to:

0043 732 783702-50

**WEBER TOOLS GmbH** Zollamtstraße 28, A-4020 Linz / Austria, Tel.: (+43 732) 78 37 02, Fax: (+43 732) 78 37 02-50 e-mail: office@webertools.com UID-Nr.: ATU68057434

FB: FN398850w/ Linz