

Dear Doctor,

Should you decide to make payments by credit card, please fill out the form below and fax it to:

+41 31 950 25 01

Card holder information:

First name:

Last name:

Name on the Card:

Card Type:  

Card Number:

Expiration date: ----/-----

CVV2 or CVV3
(Last 3 digits on the back of the card)

Billing Address of the card holder:

Street Address line 1:

Street Address line 2:

City:

State:

Zip/Postal Code:

Country:

Your Signature:

Info for Direct Bank Transfer:

Bank:	UBS AG, CH-8302 Zurich-Kloten
Acc. Nr.:	269-805896.01V
Clearing Nr.:	269
BIC:	UBSWCHZH80A
IBAN:	CH70 0026 9269 8058 9601 V