

Fax form

Mastercard cancellations



Paper cancellations	
To: Concardis GmbH	Company:
Fax: +49 69 7933-2900	Fax:
Number of pages:	Tel.:
Online transactions: <input type="checkbox"/> yes <input type="checkbox"/> no	Personal contact:

Mastercard submission dated: (DD.MM.YYYY)	Transaction currency (please cross out EUR and replace it with another currency if applicable)
Contract partner number: 15	
Collector number:	

Cancellations / Details of original transaction or reservation					
No.	Card number Minimum last 4 digits	Date of Reservation or transaction	Time of Reservation or transaction	Amount	Authorisation number
1		/ /	/		
2		/ /	/		
3		/ /	/		
4		/ /	/		
5		/ /	/		
6		/ /	/		
7		/ /	/		
8		/ /	/		
9		/ /	/		
10		/ /	/		
11		/ /	/		
12		/ /	/		
13		/ /	/		
14		/ /	/		
15		/ /	/		
16		/ /	/		
17		/ /	/		
18		/ /	/		
19		/ /	/		
20		/ /	/		
Total amount:					

Please cancel the transactions

Notes
Place, date
Full name of signatory
If available, company stamp and legally binding signature of the contractual partner or authorised signatory