

Fax form Mastercard submissions



Paper authorisation requests/ submissions	
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) EUR or
Contract Partner number: 15	
Collector number:	

No.	CVC2 *	Card number	Valid until	Date of travel (for travel agents only)	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:	
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<input type="checkbox"/> Please authorise the transactions	<input type="checkbox"/> Please submit the transactions
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Notes
Place, date
Full name of signatory
If available, company stamp and legally binding signature of the contractual partner or authorised signatory

* CVC2 (Card Verification Code) = three digits Card verification number placed in the signature field on the back of the card.