



CREDIT CARD FAX PAYMENT

Please print this page, fill in your details and fax to: (int) 00 353 91 771585

First Name:

Last Name/Surname:

Credit Card Type:

Visa / Mastercard / ...

Credit Card No:

Expiry Date:

Month / Year

CVC Number:

last 3 digits on the reverse of card

Card Holder's Name:

as printed on card

Amount:

Euro

Signature: