

## Holland Shielding Systems credit card payment

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Date \_\_\_\_\_

Invoice ref - E-mail dated : \_\_\_\_\_  
- or E-mail order : \_\_\_\_\_  
- or proforma invoice nr. : \_\_\_\_\_

Your purchase order # \_\_\_\_\_

Company name \_\_\_\_\_

Contact name & Telephone number \_\_\_\_\_

Type of card  Visa  
 American Express  
 Mastercard

Card number and security code # \_\_\_\_\_

Name on card \_\_\_\_\_

Expiration date \_\_\_\_\_

Authorization signature \_\_\_\_\_

I have read and understood all terms and conditions including the terms of cancellation policies.  
My payment and signature below constitute acceptance of those terms.

Amount to be taken \_\_\_\_\_

Freight cost  Economy  
 Express  
 Freight cost accepted on credit card

Our courier account #  DHL  Fedex  UPS  Other

Account number \_\_\_\_\_

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Please fax the filled in form to Holland Shielding Systems B.V.

Fax number: +31 78-6149585

For more information on how to fill in this form, please contact Holland Shielding Systems B.V.

Telephone number: +31 78-6131366