

cCard Form

Fax to +49 (0)6221 700717

or send by regular mail to:



CLS Cell Lines Service GmbH
Attn: Accounts Payable
Dr.Eckener-Str. 8
69214 Eppelheim
Germany

Purchase Order no. :	
Customer no.:	
Delivery note no.:	
Date of delivery:	
Invoice no.:	
Type of credit card:	VISA <input type="checkbox"/> MasterCard <input type="checkbox"/>
Credit card number:	
Expiration date:	
Name of cc-holder:	
CVC code: (see digits on back of credit card)	

Date:

Name