PREMIER Biosoft

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Credit Card Payment Form

Please fill the information requested below and send it to us
1. Via Fax: 650-618-1773
2. Via Email: payments@premierbiosoft.com

Payment Details

Purchase Order Number (PO no.):		Invoice Number:	
Amount Due (in $ USD):			

Credit Card Details

Credit Card Type*:	☐	Visa	☐	Discover	☐	DinersClub
	☐	Master	☐	American Express		

Credit Card No:

				-					-					-				
				-					-					-				

Signature*:

CVV Code:					4 Digits for American Express
Expiry Date*:	M	M	/	Y	Y

Credit Card Holder's Information

Name on the credit card:	
Address1:	
Address2:	
City:	
State/Prov:	
Zip:	
Country:	

US Credit Card holders must provide street address and nine digit ZipCode.