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 Email: sales@premierbiosoft.com, Website: www.premierbiosoft.com

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*:		<input type="checkbox"/> Visa			<input type="checkbox"/> Discover			<input type="checkbox"/> DinersClub																																							
		<input type="checkbox"/> Master			<input type="checkbox"/> American Express																																										
Credit Card No:						Signature*:																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> <tr> <td colspan="6" style="text-align: center;">CVV Code:</td> <td colspan="6" style="text-align: center;">4 Digits for American Express</td> </tr> <tr> <td colspan="6" style="text-align: center;">Expiry Date*:</td> <td colspan="6"></td> </tr> </table>																								CVV Code:						4 Digits for American Express						Expiry Date*:											
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.																																															