

**Rheinland Pfalz-Saar**

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**For Your Convenience We Accept Visa and/or MasterCard**

**Information Required:**

Account Number: \_\_\_\_\_

Card Type (Visa,MasterCard): \_\_\_\_\_

Expiration Date: \_\_\_\_\_(month) \_\_\_\_\_(year)

Billing Address for Card: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total Amount-**U.S.\$** \_\_\_\_\_

Customer's Name: \_\_\_\_\_

Purpose of Payment: \_\_\_\_\_

Telephone Number: ( - - - ) ( - - - - - )

E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You**