



# c/o HÄRINGE SLOTT

## SIGNATURE ON FILE

AMEX: <input type="checkbox"/>	Mastercard: <input type="checkbox"/>	VISA: <input type="checkbox"/>	Card number:
First- & Lastname:			Exp. date MM/YY:
Address:		Postal code & City:	
Phone:		E-mail:	

The following posts will be deducted from my card:

Specification/Product/Package	Number of items	Price per item	Total amount
Total amount VAT incl.			
Date of transaction			

With this signature, I agree that all of the above information is correct and agrees the amount will be deducted from my credit card.

City \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name