



German American
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Deutsch-Amerikanische
Handelskammern

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Credit Card Payment Form

I hereby authorize the German American Chamber of Commerce to charge my credit card for the following:

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Company:	_____		
Address:	_____		
City:	_____	State:	_____ ZIP: _____
Tel:	_____	Fax:	_____

Credit Card Number:	_____		
Credit Card Type:	_____ Visa/ Mastercard	_____ American Express	
Expiration Date :	_____		
Amount :	_____		

Date:

Legally binding signature