



Yachtbooker Network AG
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Credit Card Form

Please tick the card which you would like to use:

VISA MasterCard

Yachtbooker - invoice amount(s)

I agree that YachtBooker will charge my credit card for the invoice amount(s) one week after receiving regarding invoice unless I give notice via email about objections against invoice within one week.

My Credit Card Details:

Company Name: _____

Address: _____

_____ Country: _____

Contact Name: _____

Card Number: / / /

Expiry Date: / CVC Number (on back side):

Name on the Card: _____

Authorising Signature _____ Date: _____

WHEN THIS FORM IS COMPLETED, PLEASE FAX IT TO: +49 89 904006132