



PAYMENT CARD AUTHORIZATION

I authorize WIKA to charge my card for purchases:

Credit card number: Expiry date: /

CVV / CVC code

Name and surname of the card owner
(as stated on the payment card)

Contact details of the credit card owner:

..... ..
(phone, fax or e-mail address)

Credit card owner's signature

..... ..

Signed on:

In accordance with the applicable rules on the security of payment card data, we kindly ask you to fill in the form legibly and return it only to the secure fax number: +48 89 544 94 49. Please be advised that card numbers sent electronically will be automatically deleted by our system. Please do not send credit card numbers electronically, only to the above-mentioned fax number.

If you have any questions, please contact the sales department: +48 89 544 94 40