PREMIER Biosoft

3786 Corina Way, Palo Alto,
CA 94303 USA
Phone: 650-856-2703, Fax: 650-618-1773,
Email: sales@premierbiosoft.com, Website: www.premierbiosoft.com

Credit Card Payment Form

Please fill the information requested below and send it to us
1. Via Fax: 650-618-1773
2. Via Email: payments@premierbiosoft.com

Payment Details

Purchase Order Number (PO no.):		Invoice Number:	
Amount Due (in $ USD):			

Credit Card Details

Credit Card Type*:	☐	Visa	☐	Discover	☐	DinersClub	
	☐	Master	☐	American Express			

Credit Card No:

				-					-					-				

Signature*:

CVV Code: | | | | | 4 Digits for American Express

Expiry Date*: | M | M | / | Y | Y |

Credit Card Holder's Information

Name on the credit card:	
Address1:	
Address2:	
City:	
State/Prov:	
Zip:	
Country:	

US Credit Card holders must provide street address and nine digit ZipCode.