



Credit Card Authorization Form

➔ Fax to: +354-433-5323

Prokazyme Invoice no: _____

Amount to be charged: USD(\$): _____ EUR(€): _____

Credit card type (check one): VISA Master Card

Credit card number:

□	□	□	□	-	□	□	□	□	-	□	□	□	□	-	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Expiration date (month/year): ____/____

Security code (3 digits):

Prokazyme Ltd - Gylfaflöt 5 - IS112 Reykjavík – Iceland

Tel: +354 422 5120 / Fax: +354 433 5323 / E-mail: accounting@prokazyme.com

www.prokazyme.com