

Datum / Date:

TELEFAX / FACSIMILE MESSAGE

To: International Undergraduate Study Program
Philipps-Universität Marburg
Biegenstr. 10
35032 Marburg, Germany

Fax No.: ++49 (0)6421-2828998

From:

Name of the participant:.....
.....
.....

Credit card information

Credit card company: MasterCard Visa

Name of the credit card holder:
.....

Credit card number:.....

Period of validity:.....

Security code:.....

(the last three numbers in the signature field on the back of the credit card)

With my signature I admit that the University of Marburg can charge my credit card with the amount shown below.

Betrag/ Amount: , Euro

Signature