



## FAX PAYMENT CONSENT FORM

Please fill in this form and send via Fax to:  
Agenzia Polo Ceramico Soc. Cons. a r.l. - Via Granarolo, 62 - Faenza (RA) – ITALY -  
Tel +39 0546 670311

**FAX: +39 0546 670399**

First Name\*:

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Last Name\*:

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Phone\*:

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Fax:

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E-mail\*:

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### **INVOICING DETAILS:**

Company Name\*:  
or First name / Last name  
Address\*:

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City\*:

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Province:

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Zip/Postal Code\*:

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Country\*:

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VAT number (only for EU):

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Codice Fiscale (only for Italian people  
and Italian companies):

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### **CREDIT CARD:**

**Ammount**

€

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**Credit Card**

VISA

MASTERCARD

AMERICAN EXPRESS

Credit Card Number\*:

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Security Number\*

*(The security number corresponds to the last 3 digits  
of the identification number given on the back of the  
credit card)*

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Expiration Date\*

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Surname of credit card cardholder\*

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Name of credit card cardholder\*

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Signature\*

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