

Payment form

Version of 31/10/2017 available on www.antagene.com/en

1 - Bank transfer

Please enclose a copy of the bank transfer order

Precise your references

- family name
- animal name
- requested test

Antagene's IBAN :

BNP Paribas Lyon Métropole

BIC (Bank Identification Code) : BNPAFRPPLPD

IBAN (International Bank Account Number) : FR76 3000 4022 4900 0115 2204 584

2 - Credit card

I authorize ANTAGENE to debit my credit card which references are filled below with the total amount of _____ €

Mastercard Visa Other : _____

Card number

Expiration date MM / YY

Cryptogram

3 last numbers appearing on the back of your credit card

Name on the card _____

Date **obligatory**
DD / MM / YYYY

Signature
obligatory