

PATENT COOPERATION TREATY

PCT

CREDIT CARD PAYMENT
TO THE INTERNATIONAL BUREAU
AS RECEIVING OFFICE

To:

The International Bureau of WIPO
PCT Receiving and Processing Team
34, chemin des Colombettes
1211 Geneva 20
Switzerland

Facsimile No. +41 22 910 06 10

Applicant's or agent's file reference	
International application No. (if known)	International filing date (day/month/year) (if known)
Applicant or agent's name and address	Telephone No.
	Facsimile No.
The applicant or agent hereby requests the receiving Office of the International Bureau (RO/IB) to debit the following amount from the credit card identified below. Amount: _____ (currency)	

Credit Card Information

Credit card: Visa* ☐ MasterCard/ Eurocard* ☐ American Express** ☐

* Currencies accepted: Swiss franc (CHF), Euro (EUR) or US dollar (USD)

** Currencies accepted: Swiss franc (CHF) or US dollar (USD) only

Credit card number: _____

Credit card expiration date: _____ (month/year)

Name as it appears on credit card: _____

Credit card billing address: _____

Cardholder's signature: _____ Date: _____

Warning

The International Bureau will not include this form among the documents available for public inspection. The RO/IB will not accept payment by credit card if the cardholder submits credit card information on any form or document other than this form, and will not be liable for the consequences of any such submission. Failure to use this form may result in the release of your credit card information.