

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. <i>(if known)</i>	International filing date <i>(day/month/year)</i> <i>(if known)</i>
Applicant or agent's name and address	Telephone No.
	Facsimile No.
<p>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.</p> <p>Amount: _____ (currency)</p>	

Credit Card Information	
Credit card: Visa* <input type="checkbox"/> MasterCard/ Eurocard* <input type="checkbox"/> American Express** <input type="checkbox"/>	
* 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
<p>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.</p>