

EUFOAM 2010 14 - 16 July 2010, Borovets, Bulgaria



CREDIT CARD AUTHORISATION FORM

Please properly complete the required fields below and fax this form to CIM at + 359 2 980 60 74

Name & Surname		_
Address		
		-
☐ Visa, Master Card/Euro Card	American Express	
VISA MasterCard	AMEX	
Please, fill in the credit card details:		
Credit card type		-
Credit card number		_
Expiry date		-
CVC number*		-
4CSC number**		_
Cardholder's name		-
* For Visa, MasterCard and Euro Card only (last 3	3 digits from the number in Italic on the backside of	the card)
** For American Express only (4 digits above the	credit card number).	
I hereby authorize Company for Internation Bulgaria) to charge my credit card for the fo	nal Meetings - CIM Ltd. (18, Christo Belchev Str. ollowing payment:	., Sofia,
Registration fee		Euro
First night deposit / full payment of accomm	nodation	Euro
Social Events		Euro
Total amount prepaid		Euro
Please note: The bank charge for payment by credit card The authorized amount will be charged in B		
Date:	Cardholder's signature:	-