

CREDIT CARD PAYMENT AUTHORIZATION FORM

1. YOUR DETAILS

Last name:

First name:

Address:

Postcode: City:

Country:

2. CREDIT CARD DETAILS

Credit card type : ☐ VISA ☐ MASTERCARD

Credit card number: - - -

Security code: Expiration date (mm/yy): /

Card holder's name:

Card holder's signature:

3. TRANSACTION DETAILS

Description: Please fill in the reference number you received when submitting your registration form (10 digits)

-

Total amount in EUR: €

4. INVOICING DETAILS

Institution/company:

Address:

Postcode: City:

Country:

VAT number: or ☐ N/A

Please print out this form, sign it (card holder's signature) and send it back
by fax (+ 32 81 72 54 74); email (attached PDF) at info@ecaart11.be.