

Credit Card Payment Mandate

18 – 20 OCTOBER 2017

SEPAWA CONGRESS

AND EUROPEAN DETERGENTS CONFERENCE
ESTREL CONGRESS & EXHIBITION CENTER | BERLIN



1. Payment

Master Card

Visa

American Express

other

.....
Cardholder's Name

.....
Card-No.

.....
Expire Date

.....
Security Code (3 or 4 digit number on the reverse of the card)

.....
Amount

I authorize SEPAWA e.V. to charge the agreed amount listed above to my credit card provided here in.

.....
Date

.....
Signature

2. Cardholder's Data

.....
Cardholder's Address

.....
Telephone

.....
Country

.....
E-Mail

.....
Postal Code, City

.....
VAT Number (mandatory for European Companies)

4. Payment Details Billing Address (if different from above)

.....
Company Name

.....
Address

.....
Postal Code, City

.....
Country

.....
VAT Number (mandatory for European Companies)

Please return
this form to:

Michaela Reitmayer

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