

Credit Card Payment Mandate

23 – 25 OCTOBER 2019

SEPAWA[®] CONGRESS

AND EUROPEAN DETERGENTS CONFERENCE
ESTREL CONGRESS & EXHIBITION CENTER | BERLIN



1. Payment

Master Card

Visa

American Express

.....
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 herein.

.....
Date

.....
Signature

2. Cardholder's Data

.....
Cardholder's Address

.....
Telephone

.....
Country

.....
E-Mail

.....
Postal Code, City

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

3. 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:

Dietmar Lißke
Tel.: +49 8281 79940-34
Fax: +49 8281 79940-50
E-Mail: dietmar.lisske@sofw.com