

# Credit Card Payment Mandate

13-15 OCTOBER 2021



## 1. Payment

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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

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.....  
Street Address

.....  
Telephone

.....  
Postal Code, City

.....  
E-Mail

.....  
Country

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

## 3. Payment Details (billing address if different from above)

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.....  
Company Name

.....  
Street Address

.....  
Postal Code, City

.....  
Country

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

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Please return  
this form to:

**SEPAWA® e.V.**  
Tel.: +49 8281 79940-34  
Fax: +49 8281 79940-50  
E-Mail: [accounting@sepawa.de](mailto:accounting@sepawa.de)