

CREDIT CARD FORM

PERSONAL DATA *(Please, print or type)*

Surname/family name:.....

First name:

E-mail:

Phone:

I authorize the Evacon Ltd. (XXII. Plastic Pipes Local Secretariat) to charge the
EUR..... to my credit card listed below.

CREDIT CARD DATA

EuroCard/MasterCard AMEX Visa

Card number

Expiration date (mm/yy).....CVV code

(Last 3 or 4 digits of the security code on the back side of the card)

Cardholder's name.....

Cardholder's address.....

Billing address

Date.....

Cardholder's signature

Please, fill in this form, and send it to the PPXXII Local Secretariat by e-mail to Evacon Ltd.
phone: +36-30-513-0255, e-mail: peter@evacon.hu