



CREDIT CARD FORM

PERSONAL DATA *(Please, print or type)*

Surname/family name:

First name:

E-mail:

Phone:

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

CREDIT CARD DATA

EuroCard/MasterCard AMEX Visa

Card number

Expiration date (mm/yy).....CVV code
(Last 3 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 PPXXI Local Secretariat by e-mail to Evacon Ltd.
phone: +36-30-513-0255, e-mail: peter@evacon.hu