



Credit card form

Personal data (Please, print or type)

Surname/family name: _____

First name: _____

E-mail: _____

Phone: _____

I authorise the **Evacon Ltd.** (XIX 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 **PPXIX Local Secretariat**
by e-mail to Evacon Ltd.
Phone: +36 30 951 4480, e-mail: ppxix@evacon.hu