Europump

ANNUAL MEETING 2019
NAPOLI - MAY 23|25

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting: info@europump2019.com
This authorization will remain in effect until cancelled.

Credit Card Information

Card Type:

○ **MASTERCARD** ○ **VISA** ○ **DINERS** ○ **AMEX**

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

I, _____ authorize **L'Orchidea srl**

to charge on my credit card the amount of **euro** _____
due for Registration Fee

Delegate Mr/Mrs _____

Partner Mr/Mrs _____

I understand that my information will be saved to file for future transactions on my account. **Please send receipts/invoices to me by e mail:**

_____

Customer Signature _____ Date _____

orchidea viaggi
Il mondo chiavi in mano

ASSOPOMPE
Italian association of pump manufacturers

ANIMA CONFINDUSTRIA MECCANICA VARIA