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**CREDIT CARD AUTHORIZATION FORM**

***Please countersign the form and return it by fax to +39 081 5750145 or by mail(***[***mpcongressi@gmail.com***](mailto:mpcongressi@gmail.com)***)***

*I hereby authorise MP SRL CONGRESSI E COMUNICAZIONE to charge my credit card:*

**SELECT APPROPRIATE CREDIT CARD TYPE:**

CARTA SI VISA MASTERCARD

**CREDIT CARD NUMBER: Expiration:** /

**NUMBER OF SECURITY** \_\_ \_\_ \_\_ \*   
 Corresponds to the last 3 digits of the identification number on the back of the card

**CREDIT CARDHOLDER:**

Print name

Euro \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ + € 9,00(bank commission)

Total amount €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature DD/MM/YYY

**BILLING ADDRESS (MANDATORY):**

Name/Company:

Address:

City & Postcode:

Phone/Fax Number: /

Email:

VAT Number/Date of birth