Wrocław University of Science and Technology

Form number

# THE CREDIT CARD CHARGE AUTHORIZATION

## Cardholder

| First Name: | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Family Name: | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

## Cardholder's Address:

| Street: | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| House No.: | | | | | Flat No.: | | | | ZIP Code: | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| City: | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Country: | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Cardholder's phone number: | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**Hereby I authorize Wrocław University of** Science and **Technology to charge my credit card:**

☐ VISA ☐ EUROCARD /MasterCard ☐ Diners Club ☐ JCB ☐ American Express

| Credit Card Number: | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Expiry date: | | | / | | | CVV (last 3 digits from number printed at opposite side of card): | | | |
|---|---|---|---|---|---|---|---|---|---|

Charge concerns: ACIIDS 2017 Conference fee

| Amount: | | | | | USD |
|---|---|---|---|---|---|

| Paper ID: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|

Date: ..... Cardholder's signature: .....

*Filled and signed form please send to the Wroclaw University of Science and Technology to the fax number: +48 713203453.*