



CREDIT CARD FORM

Personal data (Please, print or type)

Surname/family name: _____

First name: _____

E-mail: _____

Phone: _____

I authorise the **Evacon Ltd.** (XX Plastic Pipes Local Secretariat) to charge the

EUR..... 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 **PPXX Local Secretariat** by
e-mail to Evacon Ltd.

Phone: +36-30-951-4480, e-mail: peter@evacon.hu