CREDIT CARD AUTHORIZATION

Fax: to Kay Groothoff +49-5194-974494

FUNCTION NAME: The annual subscription for membership of the European Teratology Society

CONTACT NAME:

Address: Comp.name: _____

Street/Number: _____

City: _____

State: _____

Zip: _____

AMOUNT: €_____

CREDIT CARD TYPE: Amexco ☐ MasterCard ☐ VISA ☐

CREDIT CARD NUMBER: _____

CARD SECURITY CODE: _____

Insert the card security code (KPN) (Kartenprüfnummer, KPN). This card security code is printed on the reverse side of the credit card and to be found in the signature box following the repeat of the credit card number appearing on the front side.

VALID UNTIL: _____

DELIVERY COUNTRY: _____

NAME ON CARD: _____

ITEMS TO BE CHARGED:

_____

X_____

Signature Date

I assure you that the said credit card was issued to me. I hereby authorize Solution office e.K. to charge this credit card for the above function.

_____

Name (Print)