

CreditCard Cardholder Authorization Letter

Name		Date	
Company		Contact E-mail	
Credit Card Information			
Cardholder		Credit Card Type	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER
Credit Card No.	_____ - _____ - _____	CCB Code.	
Expiry Date	_____ Year _____ Month.	Cardholder Tel	
Product/Amount	Moldex3D European Users' Meeting 2008 <input type="checkbox"/> User <input type="checkbox"/> Non-User Total amount: EURO _____		
Issue Bank		Signature of Cardholder	Signature must be identical to the one on the card used for transaction
Transaction Date		Authorization Code	Filled by Moldex3D
Remarks	Other Participants :		

Merchant name : 1501603022

Mail-order notices:

- Card Holders agree to follow the regulations of using Credit Card. Once you use Your credit card for the purchases, you must implement your payment obligation to your credit card issuing bank.
- Please fill all the required information carefully and fax to **+886-3-5600181** or scan and e-mail to **conference@moldex3d.com**. Once the form is received and verified, a confirmation will be sent to the contact e-mail above.