



PRIME CONFERENCE MANAGEMENT and TOURISM LTD.

CARD HOLDER'S INFORMATION

Name - Surname :
Adress :
Postal Code : **City:**
Phone : **E-Mail:**
Bank Detail :

CARD TYPE

VISA MASTERCARD

Credit Card Number

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Expire Date: / **Safety Code :**

Total Amount :

Date: **Signature:**

- I hereby authorize PRIME Congress Management and Tourism Ltd. to withdraw the related amount mentioned above.

INVOICE INFORMATION

Company Name :

Invoice Adress:

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Tax Office:

Tax Number :