



**Credit card authorisation form**  
**PLEASE FAX TO PDA Europe: +32 2 761 1699**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Address (for invoice): \_\_\_\_\_  
\_\_\_\_\_

Address (for delivery – if different from above): \_\_\_\_\_  
\_\_\_\_\_

VAT number: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PAYMENT INFORMATION**

I hereby authorise PDA Europe to charge my credit card, for the amount of:

.....EUR , representing .....copies of Polyurea Status report (English).

*[8 EUR per copy]*

Visa       MasterCard       American Express

Number: \_\_\_\_\_

Expiry date: \_\_\_\_\_ CCV Number (3 digits at back of the card) \_\_\_\_\_

Cardholder's name (IN PRINT): \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_