



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 , representingcopies 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: _____