



## 2010 ATCE Credit Card Authorization Form

Payment to Newtours S.p.A. – Facsimile: +39-055-3033-895

Request Date: \_\_\_\_\_

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

Company Contact Name: \_\_\_\_\_

Company Contact Phone: \_\_\_\_\_

Payment for: (e.g. 25% deposit, balance for exhibit space, etc.)

\_\_\_\_\_

VISA

EUROCARD/MASTERCARD

AMEX

DINERS

*Calculate payment:*

Amount: \_\_\_\_\_ Euro

20% VAT: \_\_\_\_\_ Euro

Total Amount to be charged: \_\_\_\_\_ Euro

Credit Card Number: \_\_\_\_\_

Card Expiration: \_\_\_\_/\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address/Postal Code: \_\_\_\_\_

\_\_\_\_\_