



CONTRACT FOR PAYMENT

This is to accept the Liability/Insurance/Terms of Payment and charges invoiced by IML to the below mentioned company and to arrange payment as per the details given below.

PLEASE RETURN TO
EANM@IML-VIENNA.AT

Please accept this as authority to charge my Credit Card as follows:

SECTION 1 – EXHIBITOR INFORMATION

Exhibitor/Company Name:

Booth #:

Name of Exhibition:

SECTION 2 - TERMS OF PAYMENT AND SECURITY

I hereby authorize the use of this creditcard for payment

(NB all credit card charges subject to a 5% handling fee)

Charge to:



Cardholder Name:

Card Account Number:

CVC:

Expire Date:

Cardholder's Signature:

SECTION 3 - INVOICING / STATEMENT INFORMATION: Please invoice all charges to:

Company Name:

Attention:

Address:

City:

Zip Code:

Country:

VAT No.:

Tel:

Fax:

This Document was completed by: Print Name in Full:

Date:

Title:

E-mail address: