

*If you wish to pay your outstanding balance by credit card please use this authorisation form and fax it back to us.*

**To: Messe Berlin GmbH  
Accounting Department  
Fax: + 49 30 3038 2419**

**AUTHORISATION** for credit card payment

Customer name :

Customer no.:

Payment for invoice :

Customer email ( if payment confirmation is requested ) : \_\_\_\_\_

I authorize **Messe Berlin GmbH** to charge my credit card with **EURO** \_\_\_\_\_

Type of credit card : \_\_\_\_\_

Cardholders name :  
\_\_\_\_\_

Credit card no.:  
\_\_\_\_\_

Expiry date : \_\_\_\_\_

Charging date : \_\_\_\_\_

\_\_\_\_\_  
Signature and company stamp

Date.: \_\_\_\_\_