Dear Customer,

If you wish to pay your outstanding balance by credit card, please use this authorization form and Fax or E-Mail it back to us.

To : **Messe Berlin GmbH**
Accounting Department
E-Mail : Debitoren@messe-berlin.de

AUTHORISATION for Credit Card Payment

Customer Name: …….

Customer Number: …….

Payment for Invoice: …….

Customer E-Mail Address: …….
(in case a payment confirmation is required)

I authorize MB Capital Services GmbH to charge my credit card with :

Euro : ……..(+VAT if applicable)

Type of Credit Card : VISA / MASTER / AMEX

Cardholders Name : …….

Credit Card Number : …….

Expiry date : ……

CVC Number : ……

…… ……
Signature and Company Stamp Date