

October 30 to November 1, 2015
Congress Center Tours, France

WINEHEALTH 2015

CREDIT CARD AUTHORIZATION

Object:

Account holder:

Amount :

N° of credit card: _____

Expiration date : __/____

Cryptogram :

Name of credit card holder:

Date :

Signature :

GOOD FOR AGREEMENT:

This authorization will be destroyed immediately after the use for the payment of your invoice