



CREDIT CARD AUTHORISATION FORM

Please properly complete the required fields below and
fax this form to CIM at + 359 2 980 60 74

Name & Surname _____

Address _____

Visa, Master Card/Euro Card

American Express



Please, fill in the credit card details:

Credit card type _____

Credit card number _____

Expiry date _____

CVC number* _____

4CSC number** _____

Cardholder's name _____

* For Visa, MasterCard and Euro Card only (last 3 digits from the number in Italic on the backside of the card).

** For American Express only (4 digits above the credit card number).

I hereby authorize Company for International Meetings - CIM Ltd. (18, Christo Belchev Str., Sofia, Bulgaria) to charge my credit card for the following payment:

Registration fee _____ €

First night deposit / full payment of accommodation _____ €

Total amount prepaid _____ €

Please note:

The bank charge for payment by credit card is 3% of the total amount.

The authorized amount will be charged in BGN (1 € = 1.95583 BGN).

Date: _____

Cardholder's signature: _____