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Credit Card Authorization Form

I hereby authorize the company BTB GmbH to charge my credit card with the following amount.

Please fill out **electronically** and return **by fax (+49 711 9753 209)** or **by postal mail**.
It is **not** possible to return the form by e-mail.

After the data has been transmitted successfully and your credit card has been debited, you will receive an invoice in electronic form in which the payment is confirmed.

Credit Card Details

Name as on card: _____

Card Type: VISA ___ MASTERCARD ___ AMEX ___

Card Number: _____

Expiry Date: _____ Card Security Code*: _____

Authorized Amount: _____

Event / Conference: _____

Billing Information

Company (legal form): _____

Surname, Name: _____

Address: _____

Postal Code, City: _____

Country: _____

With your signature, you consent (in accordance with Art. 6 Ch. 1 lit. a and lit. b GDPR) that BTB GmbH may process your personal data for invoicing purposes related to your conference or course enrolment. In addition, your data will be passed on to third parties for final bank transfer processing. The general privacy policy of BTB GmbH can be viewed at https://www.btb.gmbh/Datenschutzerklärung/General_Privacy_Policy.pdf.

Date

Credit Card Holder Signature

*VISA, MASTERCARD: 3-digit code, AMEX: 4-digit code