**PAYMENT FORM**

Once filled in CAPITAL LETTERS, please send this document by e-mail to the Secretariat, either by fax to +32 2 318 28 01 or by e-mail for the attention of the reference person mentioned on your invoice. Thank you for your kind co-operation.

|  |  |
| --- | --- |
| **Company Name**: |  |
| **Country**: |  |

**Purpose of the Payment**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Membership: | IS-BAO: | IS-BAH: | | SMS: | | ERP: | Sponsorship: |
| Workshop: | Regional Forum: | | Other *(specify):* | |  | | |

**VAT Number (for all EU Countries)**:

|  |  |  |
| --- | --- | --- |
|  | *(2-letter Country code)* |  |

**Amount in Euros**: **Our Invoice Number**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **/** |  | **/** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **We wish to pay by Credit Card**: |  | **103x65-MC.jpg** |  |  | **103x65-VISA** |  |  | **103x65-AMEX** |  |

**Card Number**:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MC-VI: |  | | | - |  | | - |  | - |  |
| AmEx: |  | | | - |  | | | | - |  |
| Expiry Date: |  | **/** |  | |  | Security / CVC Code: | | | |  |

**Name as it appears on the Card**:

|  |  |
| --- | --- |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | **We wish to transfer to EBAA’s Bank**. | ***(Please attach a copy of your bank statement)*** |

|  |  |  |
| --- | --- | --- |
| **ING, Agence Cours Saint-Michel**:  Cours Saint-Michel 40  BE- 1040 Brussels  BELGIUM | **Account Number**:  **IBAN**:  **SWIFT or BIC Code**: | 310-0108480-23  BE92 3100 1084 8023  BBRUBEBB100 |

**Person of Contact for payment**:

|  |  |  |  |
| --- | --- | --- | --- |
|  | First Name: |  | |
|  | Family Name: |  | |
|  | Date: | **/**    **/** | Signature: |