

**CREDIT CARD AUTHORIZATION FORM**

Please fill in this form completely, sign it and **fax** this form to:

CIBIT Consultants | Educators  
f.a.o. Financial Department  
P.O. Box 2  
3720 AA BILTHOVEN  
The Netherlands  
Phone: + 31 (0) 30 230 89 00  
**Fax: + 31 (0)30 230 89 99**

Order: ..... X ..... X .....

Total amount: .....

**Company information:**

Organisation: .....

Department .....

Name: ..... M /F

Address: .....

Zip code & City: .....

State: .....

Country: .....

**Credit Card information:**

VISA CARD       AMERICAN EXPRESS       MASTERCARD

**Credit Card holder information:**

Credit Card #: .....

Expire Date: .....

Control code: ..... (if required by the card hold company)

Name: ..... (as shown on card)

Address: .....

City & State: .....

Country: .....

Signature: .....