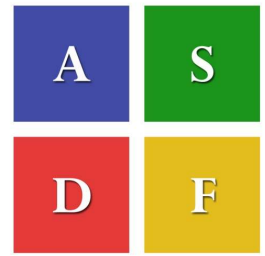


ASDF International



Credit Card Authorization

Credit Card Type: Master Card Visa American Express Discover Card

Credit Card Number : _____

Name of the Card : _____

Expiration Date : _____

Cardholder Phone : _____

Security Code : _____

Cardholder Information
Billing Address:
Postcode as per Statement:
Beneficiary Name:

Enter the Amount in GBP : _____

I _____, authorize ASDF International to charge my credit card above the agreed amount into the conference registration or the service opted. I Understand that my information will be save to file for future transactions on my account.

Signature of Card Holder

Current Date : _____