



## CREDIT CARD PAYMENT FORM

First Name:

Family Name:

Organization:

Paper ID(s):

> **Credit Card information:**

Type:

VISA

MASTERCARD

Credit Card Number:

Credit Card Expiration Date:

Credit Card Holder Name:

Payment amount (EUR):

Date:

Credit Card holder signature:

Please, return this form by fax to 00 34 93 401 57 50

If you have any question, contact with [ecmr13@iri.upc.edu](mailto:ecmr13@iri.upc.edu)

