



Wrocław University of Technology



**12th Workshop on Stochastic Models, Statistics and their Applications,  
Wrocław, February 16-20, 2014  
Mail Order Form  
The credit card charge authorization**

**Cardholder**

First Name:

Family Name:

**Cardholder's Address**

Street:

House No.:

Flat No.:

Zip Code:

City:

Country:

Cardholder's phone number:

**Hereby I authorize Wrocław University of Technology to charge my credit card**

VISA

EUROCARD/MasterCard

Diners Club

JCB

American Express

Credit Card Number:

Expiry date:         /

CVV (last 3 digits from number printed at opposite side of card:

**Charge concerns 487977/I18**

Amount:

Paper ID:

**Date**

\_\_\_\_\_

**Cardholder's signature**

\_\_\_\_\_