

6	PAYMENT DETAILS	EXHIBITION 2009 7-9 OCTOBER 2009 CASINO KURSAAL INTERLAKEN SWITZERLAND	 era2009 an era:conference
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PLEASE COMPLETE AND FORWARD WITH YOUR ORDER FORMS

▪ **BANK TRANSFER - account details as follows:**

Bank: **Royal Bank of Scotland, 5 Church Street, Sheffield S1 1HF, UK**
Acct. name: **SDD Exhibitions** Sort code: **16-00-08** Acct. no. **13957000**

**PLEASE NOTE THAT BANK CHARGES MUST BE MET BY THE EXHIBITOR
WE RESERVE THE RIGHT TO APPLY A MINIMUM £10 CHARGE TO ALL WIRE
TRANSFER TRANSACTIONS TO COVER BANK CHARGES**

▪ **CREDIT CARD - Visa, Mastercard or American Express**

**PLEASE NOTE THAT ALL CREDIT CARD TRANSACTIONS ARE SUBJECT TO
A 3% HANDLING CHARGE**

Please complete credit card details below:

(please type or use block capitals):

Company name _____

Card Holder's name _____

Card Holder address _____

Card type VISA / Mastercard / AMEX Card no. _____

Expiry ___/___ Security code (last 3 digits on back of card) _____

Card Holder's signature _____

Contact telephone no. _____ Fax no: _____

For office use only

Authorisation code _____ Invoice amount £ _____

Date passed to Accounts _____ Date invoiced _____