



LETTER OF AUTHORIZATION

Attn:

Company: RIPE NCC on behalf of MENOG

Our Tel No: +31 20 5354431

Our Fax No: +31 20 5354447

Email: menog-sec@ripe.net

CREDIT CARD PAYMENT AUTHORIZATION

Card Type (circle one): MasterCard VISA

Card Holder Name: _____

Card Number: _____

Expiry Date: ____/____/____

CVC Code: _____

(Last 3 digits security code at the back of the credit card)

Card Holder Phone Number:() _____ - _____

Charge Amount: US\$ _____

Payment Reference: MENOG 6, Attendee name and MENOG Meeting
Registration Number: _____

Card Holder Signature: _____

Date Of Signature: ____/____/____

IMPORTANT NOTE

Clear copy of front and back of the credit card is required in order to process the above instruction. Kindly fax the credit card copy and this authorization to +31 20 5354447. Thank you.

The credit card information will not be saved.