



**EBACE 2017 - Geneva, Switzerland.** 

May 22-24, 2017.

## **Method Of Payment Form**

NAME OF SHOW:			
COMPANY NAME:			воотн#:
ADDRESS:			
(STREET)		(P.O. BOX)	
PHONE #:	EXT.:	FAX#:	E-MAIL:
ORDERED BY:		PRINT NAME:	DATE:
Ensure	all paym	ents are re	ceived prior to the event
□ COMPANY CHECK Please make check payable to: AEM International. Checks must be in U.S. funds drawn on a U.S. or Canadian bank.("U.S. FUNDS" MUST BE PRE-PRINTED on Canadian checks.) □ CREDIT CARD For your convenience, we will use this authorization to charge your credit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative.  Please complete the information requested below:		adian tion to charge your and any additional ars placed by your	□ BANK TRANSFER Royal Bank of Canada (514)856 8900, 3131 Cote Vertu - Local F1 St-Laurent, Qc. Canada, H4R 178 - Bank # 003 - Transit # 0305 ■ Account # 400-444-6 - ABA # 021000021 ■ BIC/SWIFT* ROYCCAT2 ■ Recipient: AEM International (450) 424 2202  Please reference Name of Show and company name on all Bank Transfers so we may properly credit your account. Note: Customers are responsible for any bank processing fees.
	MAS	STERCARD	VISA
Account No.:			Exp. Date:
☐ Personal Credit Card	☐ Compar	ny Credit Card	
Cardholder Name: (Print)			Signature:
Cardholder Billing Address:			
City/State/Zip:			
E-mail Address for Invoice Notificat	ion:		
			·
			Total =