



EBACE 2019 - Geneva, Switzerland. May 21-23, 2019.

Method Of Payment Form

NAME OF SHOW:				
COMPANY NAME:			BOOTH#:	
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:			□ BANK TRANSFER Royal Bank of Canada (514)856 8900, 3131 Cote Vertu - Local F1 St-Laurent, Qc. Canada, H4R 1Y8 - Bank # 003 - Transit # 0305 Account # 03051 - 400-444-6 ■ BIC/SWIFT* ROYCCAT2 ABA # 021000021 ■ Recipient: AEM International 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	TERCARD	VISA	
Account No.:			Exp. Date:	
☐ Personal Credit Card	☐ Compar	y Credit Card		
Cardholder Name: (Print)			Signature:	
Cardholder Billing Address:				
City/State/Zip:				
E-mail Address for Invoice Notifica	tion:			
			Total =	