

CreditCard Cardholder Authorization Letter

Name		Date	
Company		Contact E-mail	
Credit Card Information			
Cardholder		Credit Card Type	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER
Credit Card No.	____ - ____ - ____	CCB Code. (카드 보안 코드)	
Expiry Date	____ Year ____ Month.	Cardholder Tel	
Product/Amount	2015 Molding Innovation Day Korea Total amount: USD _____		
Issue Bank		Signature of Cardholder	Signature must be identical to the one on the card used for transaction (카드 소지자 보인의 사인이 필요합니다. 또한 카드 뒷면에 사인과 꼭 일치해야 합니다.)
Transaction Date	Filled by Moldex3D	Authorization Code	Filled by Moldex3D
Remarks	Do you need invoice?: Y/N Other Participants :		

Merchant name : 1501603022

Mail-order notices:

- Card Holders agree to follow the regulations of using Credit Card. Once you use Your credit card to pay for the purchases, you must implement your payment obligation to your credit card issuing bank.
- Please fill all the required information carefully and e-mail support.kr@moldex3d.com. Once the form is received and verified, a confirmation will be sent to the contact e-mail above.