



METHOD OF PAYMENT

Print and complete the fields and send it to
Ad Arte Srl

All information will remain confidential

BANK TRANSFER

net of bank charges

Ad Arte srl - Ad Arte srl - BANCA CARIGE SPA- Ag. RIVA RENO 67

IBAN: IT 40 U 06175 02404 0000 06740780 | BIC: CRGEITGG

Reference: SBJ2021 + Name Surname - cod. X_18

CREDIT CARD

Cardholder Name _____

Billing information:

Street Address _____

City _____ State _____

Postal Code _____ VAT No. _____

Email _____

Credit Card Type: VISA MASTERCARD

Credit card No. 16 digits _____

Expiration date _____

Card identification No. (3 digit on the back of the card) _____

I _____ authorize **Ad Arte srl** to charge
the amount listed below to the card provided herein.

Amount to be charged € _____

Return the complete Authorization form to:

Ad Arte srl mail: ortopedia@adarteventi.com