



## 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 - Credito Emiliano - Agenzia 39 Funo (BO)

IBAN: IT 17C0303236590010000009274- SWIFT / BIC: CRCEIT2C

Reference: AFPM2021 + Name - cod. X\_2

---

### **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:** [segreteria@adarteventi.com](mailto:segreteria@adarteventi.com)