

Customer Record

Required for billing

Available online: www.brusselsbeerchallenge.com

	For Orga	nizers' use or	nly
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N°		R	

Brussels Beer
Challenge

Credit card number:

Expiry date:

Challonas				
Challenge	Company			
ame of company:				
ddress:		Postal Code:	City:	
ountry:	VAT:		Phone:	
nail:		Web:		
Contact				
ontact person/department:				
nail:		Phone:		
. That the beers we have entered a	re marketable as such in accordance vaward, we shall proceed in accordance	with EU law, have been produ	is legally binding. We hereby confirm in particul- iced and placed into circulation by ourselves. ions.	ar:
ate / place:	Signa	ture:		
• Becomev - Brussels Beer	Closing date for entries: 07/1 Challenge • Rue de Mérode 60 • B-1		intil 14/10/2016 D +32 (0) 2 533 27 75 • 🗃 +32 (0) 2 533 2	7 61
	I wish to register the foll	owing products for Brussels	Beer Challenge:	
The eamples were s	ent on (sample dispatch date):			7
By: (name of the tra				
From: (dispatch city))			
Method of payment				
Beer(s) x 160	0 € (Before 9 septembre 2016) +	Option(s) to	sting feedback x 18€ =	€
Beer(s) x 170	0 € (After 9 septembre 2016) +	Option(s) to	sting feedback x 18€ =	€
I transfer to the account number BNP Paribas Fortis BE39 00	mber D16 5981 7419 (IBAN), BIC: GEBABEBB the	e sum of:		€
Please debit my credit card for	r O VISA O EUROCARD	O AMERICAN EXPRESS the sun	n of:	€
Credit cardholder's name:				