

AUTHORIZATION FORM - PAYMENT BY CREDIT CARD

PLEASE FILL IN THE REQUIRED INFORMATION:

NAME

DATE

1 NAME OF PARTICIPANT 2 IDENTIFICATION / PASSPORT NUMBER 3 ADDRESS 4 TELEPHONE NUMBER 5 NAME OF CREDIT CARD HOLDER 6 IDENTIFICATION / PASSPORT NUMBER 7 Credit Card Number (16 Digits) 8 CVC / CVV Number (Last 3 Digits) 9 EXPIRY DATE Day Month Year Please tick:																			
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SIGNATURE :																			