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CREDIT CARD PAYMENT AUTHORIZATION FORM

I, _____
 hereby authorize Paolo Apolloni to charge my credit card, specified here following, for driving guide services to be provided in Italy.

Please cross your card type



Credit card number

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Expiry date

month

year

Security code
 (3 digits standing alone in the back of card)

Cardholder's data

Full name
 As it is on the card

Address

Street City

State Zip E-MAIL

Tour(s) date(s)	Description	Number of participants

Authorized amount in €uros Date

Cardholder's Signature