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Credit Card Authorization Form

Name.....

Credit Card Billing Zip Code.....

AMOUNT € 300,00 (400,00 USD)

MASTERCARD or VISA

Credit Card Number.....

Credit Card Expiration.....

Check No.

ALL BALANCES ARE REQUIRED TO BE PAID IN FULL 6 WEEKS PRIOR TO ARRIVAL. A PAID RECEIPT WILL BE INCLUDED IN YOUR REGISTRATION MATERIALS WHEN YOU ARRIVE