

Elite Tour Sàrl Chemin des Croix-Rouges 2 1007 Lausanne

CREDIT CARD AUTORIZATION

Date: «	»				20) _]	Γ•											
Hereby I authorize the "Elite Tour Sàrl" to charge my credit card for the service of your company without my additional instructions																			
Total amount of:									CHI	F	(E	UR)	ı						
	ees	appl	y)																
Cardholder's N (as printed on t																			
Company (if co	orporate)																		
Issuing Bank:																			
Card Number:																			
Expire Date (M	IM/YY):																		
Card type:			Visa				MasterCard					American Express							
CVV2 (Card Ver	rification Valu	e)																	
Cardholder's ac Phone, Fax, E-	,																		
Cardholder's sig	mature:	1																	

A legible photocopy of the front and back of the credit card is mandatory to authorize the payment

Please mail this form to: elite-tour@bluewin.ch or send by fax: +41 21 320 16 92