**Credit card authorization**

VISA/MASTERCARD only

I authorize, the SERAFINO Travel Agency in Lecce IT, to charge my credit card as follows:

|  |  |
| --- | --- |
| EUR: |  |
| Credit card number |  |
| Expiry |  |
| Name and stated on the credit card |  |
| Address of the credit card holder |  |
| E-mail address  |  |
| Reason of the payment |  |
| Date |  |

Signature of the holder

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Sent to: info@serafinoviaggi.it