



ANANDA

CREDIT CARD AUTHORIZATION FORM

Cardholder Full Name: _____ Street: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____
Date of Birth: _____
Phone: _____ Fax: _____
Cellphone: _____ E-Mail: _____

I authorize

a charge against my credit card in the following amount _____

Apply Amount to:

- Annual Membership Fee
 Down payment for the course _____ from _____ to _____
 Full Payment for the course _____ from _____ to _____
 (other) _____

Credit Card Information

Credit Card Type: Visa Mastercard Maestro

Cardholder Full Name: _____

Credit Card Number: _____

CVV/2 - CVC2: _____

Expiration Date: _____

Fax or send the authorization to Ananda Associazione.

Signature
