

CREDIT CARD PAYMENT AUTHORISATION

I herewith Mr / Ms... .. authorize Koine Centre to debit the amount of
Euro from my credit card

- VISA
- MC

Number

Expiry date

as deposit payment for an Italian language course
full

in:

- Firenze
- Lucca
- Bologna
- Cortona
- Orbetello

Date

C. CARD HOLDER SIGNATURE

PLEASE FAX THIS DOCUMENT BACK TO # 0039 055 216949 WITH YOUR CREDIT
CARD DETAILS AND YOUR SIGNATURE.