

Michele Viaggi SaS
Via B. Croce, 54
561225 – Pisa
Tel 050/24562 – fax 050/503094
info@micheleviaggi.it

Authorization of credit card debt

(The following information will exclusively be used for the specified aims and within the limits of the specified amount, according to law dispositions)

I undersigned

address

Postal code Town

State/Region Country

Tel Fax.....

[e@mail](#)

authorize Michele Viaggi sas to charge the following credit card for an amount of Euro:

(amount in letters))

(amount in numbers))

Credit card (Visa or Mastercard only)

Card number

Validity

Owner's name

Card owner's signature

Cause: REGISTRATION TO THE NETTAB 2007 WORKSHOP

Participant name:

Please carefully complete this form in all its parts and send it by fax, together with a copy of an identity card, to: Michele Viaggi sas, fax +39 050 503094

NB! Personal information will be electronically elaborated by the company. They won't be communicated nor diffused to any third party.