

CREDIT CARD AUTHORIZATION FORM

This form is to be completed and sent for **each** credit card transaction.

File number: _____

Group / Guests' name: _____

Name on Credit Card: _____

Address: _____

Phone Contact: _____

Email Contact: _____

Visa / Mastercard / American Express

(Please Circle One)

Credit Card Number: _____

Expiry Date: _____ Security Code: _____

Amount to be Charged: € (EUR) _____

Signature of Credit Card Holder: _____

*I authorize **Esatour S.r.l.** to charge my credit card as indicated above
and understand that a transaction fee of 1,80% will be added.*

Date _____ Signature _____

Please send this form with the copy of the credit card (both sides) to:

info@esatoursportevents.com (sport)

info@oneclicklet.com (music)

ESATOUR S.R.L.

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info@esatoursportevents.com (sport) - info@oneclicklet.com (music)

www.esatoursportevents.com – www.oneclicklet.com