

AUTHORIZATION TO CREDIT CARD CHARGE

Please fill, print, sign and send by e-mail	Viagens Abreu S.A. Avenida dos Aliados, 207 4000-067 Porto Portugal	Fax: [+351] 22 2043630 E-mail: Accounts@abreuonline.com Phone: [+351] 22 2043692
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Agency Identification

Name of Agency	
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Payment for: [fill with "X"]

Type of Card [fill with "X"]

<input type="checkbox"/>	Tourist package Booking
<input type="checkbox"/>	Hotel Booking
<input type="checkbox"/>	Airfare Booking
<input type="checkbox"/>	Other service _____

<input type="checkbox"/>	VISA
<input type="checkbox"/>	Mastercard
<input type="checkbox"/>	American Express
<input type="checkbox"/>	Diners Club

Details of card:

Credit Card Name:	
Credit Card Number:	
CVV Number: <small>(last 3 digits on the back of the card)</small>	
Expiry date: <i>dd / mm / yyyy</i>	
Address of the owner of the card:	_____ _____

Amount to be charged:

Amount to pay:	€ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Amount in full:	_____

I AUTHORIZE VIAGENS ABREU S.A. TO DEBIT THE CREDIT CARD ABOVE THE AMOUNT MENTIONED FOR THE SERVICE DESCRIBED ABOVE.

Equal signature on the credit card

Photocopy of the credit card, front and back

If the name of the card representative from the agency is different than the name of the agency, the text should take the following form:

"I authorize the Viagens Abreu to make the debt of (value) Euros by credit card (card number) for the payment of (services) in favour of (Agency Name)."