

CREDIT CARD CHARGE AUTHORIZATION

I hereby authorize VECCHIA MURANO VM SRL to charge my credit card

CREDIT CARD CO.....

*CREDIT CARD NUMBER
(for American Express card please indicate 4 small digits on top of the card)*

EXPIRY DATE.....

CARDHOLDER'S NAME

TOTAL AMOUN IN EURO

SIGNATURE.....

DATE.....

RE:

FULL SHIPPING ADDRESS:

TEL.

PLEASE FAX BACK TO + 39 041 5239972.