



# CREDIT CARD BILLING AUTHORIZATION FORM

**NAME / COMPANY**

**Person Authorizing Card**

**Name**

**Credit Card Type**    VISA        AVIS        Amex        MasterCard        Discover/Novus  
Other

**Bank - SWIFT - Account**

**Card Number**

**Valid Until**

**CVC**

**Billing Address**

**City / ZIP**

**Zip/Postal**

**State / Province / Country**

**Country**

**Phone Number / eMail**

Debit my credit card once or multiple times up to maximum

Please apply your payment to the Invoice Nr. you received by mail

Bill my credit card once per month for the following amount

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at company's discretion if any charges are declined or charge-backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to any changes in the status of this card can also be reported to

Applicant agrees to authorize multiple charging of his card not exceeding the maximum authorized amount if it is necessary about the existing standard card restrictions, if any. Please specify

The undersigned is the duly authorized representative of  
Authorized Signature:

**Authorization Code**

**Date:**

**Time:**

**Front-side of Credit Card**  
*Insert pdf / foto*

**Back-side of Credit Card**  
*Insert pdf / foto*

# PASSPORT

*pdf / foto*

## MANUAL SETTLEMENT ACCOUNTS OF AVIS BANK FOR COMMERICAL CARD TRANSACTION

Transaction type: Force payment  
Offline payment  
Pre-authorization payment

Payment slip: YES NO

Bank Name:

Bank address:

SWIFT:

Currency:

Account name:

Account number/IBAN: