

CREDIT CARD AUTHORIZATION FORM

When an order needs to be shipped to an address different from the billing address, or on orders over \$100, we need to obtain authorization. You can either add the second address as an authorized alternate shipping address by contacting your credit card provider, or you can complete and fax the form below back to us.

Instructions

1. Complete the form even by printing legibly with a dark pen, or fill in on the computer all billing and shipping information in the input fields below.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the **front** and **back** of the signed credit card.
4. Fax all this form, along with the photocopy of the signed credit card, back to us to our fax machine at **0040-21-312.66.05** to complete your order.

I, hereby authorize **ECAR TRAVEL S.R.L.** to charge my credit card account in the amount of EUR (including shipping and/or taxes, if applicable).

Type of Card: VISA MASTERCARD

Credit Card Number:

Expiration Date CVC Code

Credit Card Billing Address

Street:

City: State: Zip Code:

Telephone:

Requested Shipping Address

Street:

City: State: Zip Code:

Telephone:

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

Cardholder's Signature

Date

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by ECAR TRAVEL S.R.L.

Complete and fax all documents required to: +40-21-3126605