

BY CREDIT- CARD PAYMENT by fax transmission

Please fill up below letter of authorization with your card details and signature, and send it to us by fax to 055 0118559

I herewith Mr / Ms _____ authorize Centro Italiano Firenze to debit

the amount of Euro _____ from my credit card

NUMBER

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VISA MC

EXPIRY DATE _____

for program.....

Period.....

DATE _____ SIGNATURE _____

OR

BANK DETAILS for payment by bank draft

Banco Desio, Via Tornabuoni 2, 50123 Firenze
c/c 3922/00

IBAN IT98P0344002808000000392200

SWIFT/BIC BDBDIT22

Please send a copy from your bank draft to our fax n. 055 0118559