Fax to: **Scuola Leonardo da Vinci** - Central Marketing Office
via Brunelleschi 4, IT-50123 FLORENCE - Italy
Fax Number: +39-055-290396

Following my registration for an Italian language course with Scuola Leonardo da Vinci, I herewith communicate the credit card details and authorize you to charge my course fees and to use the credit card also as deposit guarantee for reservation of accommodation if requested within my application:

First name:	Family name:

Enroled in the language course from: day month year to: day month year

with Scuola Leonardo da Vinci in: ❑ Florence ❑ Milan ❑ Rome ❑ Siena

Card holder's name, surname and address, if different from above:

❑ I herewith authorize Scuola Leonardo da Vinci to charge from the following Credit Card the amount of _____ Euro as:

❑ registration fee for my language course (70 Euro, at least 21 days prior to the start of the course)

❑ entire course fee (less than 21 days prior to the start of the course)

❑ I herewith authorize Scuola Leonardo da Vinci to charge a guarantee deposit for my request of accommodation reservations by means of the following Credit Card:

Credit Card:

❑ Eurocard/Master Card/Access ❑ American Express ❑ Visa/Bankamericard

❑ Diner's Club ❑ JCB

Card number Card Security Code valid trough

Place:	Date:

Card holder's signature:

Comments:

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