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 First name, Family name 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 (70 Euro) and the deposit of 20% of the global tuition fee

❑ registration fee (70 Euro) and the global tuition fee
(for enrolments less than 15 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:

❑ Master Card ❑ Visa/Bankamericard ❑ American Express

❑ Diner's Club ❑ JCB ❑ CUP

Card number Card Security Code valid through

Place:	Date:

Card holder's signature:

Comments: