ZADOR Spanish Schools

Payments by Credit Card

Card type		VISA		Master Card		American Express		Eurocard
Other, please, specify:								
Card Number: Security code (the three last numbers that appear at the back side of the card):								
Expiration Date (month/year):								
Card Holder/s: (Such as appearing in the card)								
Address of the Card Holder:								
Passport or Identity Card Number of the Card Holder:								
Authorised signature								

** Please, write the amount numbers and letters*

I accept, agree and authorise ZADOR, School of Spanish to charge the amount of € _____ (_____ Euros) to my/our credit card specified above.

Authorisation Date: _____ / _____/ _____
(day) (month) (year)

To enroll in the Basketball Camp, please send this document by fax (00 34 945 23 49 10), or by email (scanned to info@zadorspain.com) together with the enrolment form, a copy of your passport and a copy of your credit card.

** The information of the Credit Card will only be used for the charge mentioned above.*