



Credit Card Payment Authorization Form

School _____ Contact person _____

Name on card _____ Expiration date _____

I authorize SpainExchange to charge the amount of _____ euros to my

credit card (please check one): VISA ____ MasterCard ____

Credit card number (all 16 digits) _____

Apply to:

- Reservation fee (50 euros per passenger)
- First payment (50% of total, not including reservation fee)
- Final Payment (50% of total, not including reservation fee)

Signature

Date

Please fax your credit card payment authorization to
SpainExchange, fax number 34 91 864 75 01