

CREDIT CARD AUTHORIZATION FORM

This form is to be completed and sent for **each** credit card transaction.

File number: _____

Group / Guests' name: _____

Name on Credit Card: _____

Address: _____

Phone Contact: _____

Email Contact: _____

Visa / Mastercard / American Express

(Please Circle One)

Credit Card Number: _____

Expiry Date: _____ Security Code: _____

Amount to be Charged: € (EUR) _____

Signature of Credit Card Holder: _____

*I authorize **Esatour S.r.l.** to charge my credit card as indicated above
and understand that a transaction fee of 1,80% will be added.*

Date _____ Signature _____

Please send this form completed and signed to:

info@esamusic.com (music)

info@esatoursportevents.com (sport)

info@oneclicklet.com

(for booking made on www.oneclicklet.com)

ESATOUR S.R.L.

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Groupama Ms insurance snc polizza assicurativa n.103080495

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www.esamusic.com – www.esatoursportevents.com – www.oneclicklet.com