

## CREDIT CARD AUTHORISATION FORM

Date\_\_\_\_\_

I \_\_\_\_\_ (name and surname as appears on your credit card) authorize the charge of\_\_\_\_\_euros for the services provided by Luccalimo to be debited to my credit card as follows:

Name and surname as appear on credit card\_\_\_\_\_

Credit card Type : VISA only accepted for pre-payments\_\_\_\_\_

Credit card number\_\_\_\_\_

Expiry Date\_\_\_\_\_

CVV Number (last 3 digits on the back of the card)\_\_\_\_\_

Signature as appears on the card\_\_\_\_\_

Please note the charge on your credit card statement will appear as Luccalimo.