



In order to be able to process your credit card remotely we need you to print and fill in this template.
When complete please send **via fax** to **+(506) 2201546** along with a **photocopy of the credit card and passport ID.**

Credit Card Payment Template

DATE _____

Amount to be charged (in numbers): _____ O USD O Euros

Amount to be charged (in letters): _____

Credit Card: O VISA O MASTER CARD O AMERICAN EXPRESS O DINERS CLUB

Credit Card Holder Name (As appears on card): _____

Credit Card Number: _____

Valid Until (Month/Year): _____/_____

Complete Address for Credit Card invoice: _____

CVC2/CVV2-Code 3/4 digits: ____ _

VISA, MASTERCARD, DISCOVER



3 DIGIT CARD VERIFICATION VALUE

I authorize ASUAIRE S.A to charge the agreed amount to my credit card.

Card Holders Signature:

AMERICAN EXPRESS



4 DIGIT CARD VERIFICATION VALUE

Email:

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