

**IRREVOCABLE
CREDIT CARD CHARGE AUTHORIZATION**
To be sent via fax +39-06-90253280
or via email to: dmc@albatravel.it

Beneficiary THE REVEAL SRL
LARGO BRANCACCIO, 82
00184 ROME
ITALY

This constitutes an unconditional and non-retractable authorization to charge my credit card:

Card type	
Card number	
Card holder	
Expiring date	
CVC (last 3 or 4 digits on the back of the card)	
Service bought	
Amount (in Euro currency) Your bank will automatically convert EUR in USD	
Address	

Hereby I authorize the beneficiary to charge my credit card for the amount specified.

Date _____

Signature _____