THIRD PARTY CREDIT CARD AUTHORIZATION FORM

Name of Cardholder:	
Credit Card Number: Expiry Date:	
I.D. Number:	
Billing Address:	
Phone:	

The undersigned agrees that he/she is an authorized user of the above-mentioned credit card.

The cardholder authorizes _____ to charge this credit card as per below details.

Amount: € _____

Reason for the authorization to use the card to make a deposit:

_____

_____

Please state if the credit card will be used for **one time deposit** only: _____

Relationship* to the authorized user: _____

** (Relationship: For example friend, husband, partner, father or mother)*

SIGNATURE OF CARDHOLDER: _____

DATE: _____

**** PLEASE PROVIDE SCANNED (FROND & BACK) COPY OF THE CREDIT CARD AS PER SECURITY INSTRUCTIONS ****

**** PLEASE SEND PASSPORT / ID COPY OF THE CARD HOLDER ****