



CREDIT CARD AUTHORIZATION AUTORIZACION DE CARGOS

I HEREBY AUTHORIZE: **Visit Chile Ltda.**
Fax: 56-65-284242
e-mail: monica@visit Chile.cl

TO CHARGE MY CREDIT CARD

(Por medio de la presente, yo autorizo a Visit Chile Ltda. A cargar en mi tarjeta de crédito)



CREDIT CARD #:

EXPIRE:

NAME (AS IT APPEARS ON THE CARD):

PLEASE ADD THREE LAST DIGITS FOUND IN THE BACK OF YOUR CARD:

THE AMOUNT IN CHILEAN PESOS CPL \$

PASSENGERS: YOUR COUNTRY:

E-MAIL:

SERVICES:

I ALSO AGREE THAT THERE WILL NOT BE ANY DISPUTE OR CHARGE BACK ON MY CARD WHEN I GET MY MONTHLY STATEMENT

(También acepto que cuando reciba mi estado de cuenta no disputare o pediré anulación de ninguno de los cargos que estoy autorizando.)

By signing below, I certify that I am the authorized signer on the credit card account as specified above.
(al firmar, certifico que soy la persona autorizada para hacer cargos a la tarjeta especificada arriba)

Date

Signature

SEND BY FAX +56-65-284242