

CREDIT CARD PAYMENT AUTHORIZATION FORM

(**only** for applications processed by the Embassy of Belgium **in Washington, DC!!!**)

Please type or print in black ink

Applicant's Name :

.....

Applicant's home address :

.....

.....

.....

Phone number :

Credit Card (circle) : VISA / MASTERCARD

Card Number :

Expiration date : .. / .. /

Name of cardholder (*if different from applicant*) :

Authorized Amount USD :

(Authorized Signature)

You may fax this to fax number (202) 338-4960 for speedy processing. Always mail the original to Embassy of Belgium, Consular Office, 1430 K Street, NW, Washington, DC 20005. Questions? Call (202) 625-5807 or 5854.