

# Credit Card Authorization Form

Only for payments to the Consulate General of Belgium in Los Angeles

Please complete all fields in black ink

Name of **Applicant** for whom the payment is made: \_\_\_\_\_

Name of **Cardholder** (if different from applicant): \_\_\_\_\_

Card Type  Visa  Mastercard

Card Number .....

Card Expiration Date ..... / .....

Card CVV .....

Cardholder's address .....

.....

Cardholder's phone number .....

Amount to be charged \$ .....

**Description** of service(s) for which payment is made: \_\_\_\_\_

I, ....., authorize the Consulate General of Belgium in Los Angeles to charge my credit card above for agreed upon services.

\_\_\_\_\_

Cardholder Signature

\_\_\_\_\_

Date