

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, 3330 Garfield Street, NW, Washington, DC 20008. Questions? Call (202) 625-5807 or 5854.