



Credit Card Authorization

For my convenience, US AG 24 Inc. will accept Master- or Visa Card for any charges. By listing the card # on the lines below, I authorize US AG 24 Inc. to charge my Master- or Visa Card account for purchases and services for which I am responsible. With this authorization no other signatures are required. I will notify US AG 24 Inc. if my card lost, stolen, or revoked.

Master Card # _____

VISA Card # _____

CVV2 Nr. (on back site of credit card) _____

Name _____

Exp. Date _____

Applicants
Signature _____ **Date** _____

Attached a copy of your passport.

Headquarter:

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