CREDIT CARD AUTHORIZATION FORM Please fill out and sign and send this form alongside copies of the following documents to security@goldeneuro.com 1) Color copy of Passport or Driver license of Accountholder (both sides). 2) Color copy of valid Passport or Driver license of the card holder of each authorized credit card 3) Color copy of Authorized Credit Card(s) (both sides). 4) Color copy of a Utility Bill, bank statement or credit card statement, not older than two (2) months Please note!!! Documents must be scanned at high resolution (300dpi) User Name or Customer Number (Logon)				N O
Account holder Name			Contact Phone 1	
Account holder Street Address, Unit/Suite/Apt Number, City, State, ZIP			Contact Phone 2	
By placing my signature below, I authorize the use of the following credit card(s) ("Authorized Cards" Euro account. I confirm that I have been authorized to use each of the Authorized Cards listed below incurred by these cards through transactions to my Golden Euro account, regardless of when or by will you shall be fully protected when honoring any payments from my Authorized Cards. In addition, so whatever reason whatsoever not be honored, I confirm that you shall be under no liability for any of mean that my Golden Euro account may become inaccessible. By: Signed Print Name			ow and acknowledge that I must pay all charges nom the transaction was authorized. I confirm that hould any payment from an Authorized Card for	
Credit Ca		Credit Card Number		Expiry Date:
VISA MASTERCARD Card billing addres AMERICAN EXPRESS		Card billing address:		
Name as shown on card				
Signature of card holder			today's date	
Credit Card (2)				
Card Type Credit Card Number			Expiry Date:	
⊖ VISA	MASTERCARD			
	AMERICAN EXPRESS			
Name as shown on card				
Signature of card holder			today's date	