Dear applicant, please write in BLOCK letters. Date _____

IDENTIFICATION

Full Name: _____ Date of Birth: _____

Company Name: _____

Type of Business: _____

Address: _____

_____

P.O.Box: _____ Tel: _____ Fax: _____

DESCRIPTION OF THE SERVICE

1. ONE PAYMENT ☐ Amount (US$) _____
2. 1ST OF EACH CALENDAR MONTH ☐ Amount (US$) _____
3. YEARLY ☐ Amount (US$) _____

METHOD OF PAYMENT

☐ MASTERCARD

☐ VISA

Card Number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| **CVC2 ( ) / CVV ( )**

Date of Issue: _____ Expiry Date: _____

Issued by: Bank Name: _____
Country: _____

I, the undersigned, _____ authorize **REAL ESTATE BANK / NOSSTIA**

To bill my invoice to my MASTERCARD / VISA No: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Without my prior consent, for an amount of (US$) _____
This request is accepted by me and can't be revoked.
I understand that the agreement will automatically continue if no written request for cancellation is submitted.

_____ _____
Date Signature

***For FRANSABANK** use only*

Amount reserved _____ Authorization No. _____ Date _____