

Credit Card Authorization Slip (Master Card / Visa)

Type of Credit Card: _____
Credit Card Number: _____
Card Expiration Date: _____
Card Issuer Bank: _____
Card Holder Name: _____

**Beneficiary : CSCBank SAL
Account Moscanet.**

Dear Sirs,

I hereby request and empower you to settle all Statements/Bills, owed by me and arising from the use of "WISE" services provided by Moscanet and claimed by CSCBank on their behalf, and to charge my above mentioned account or any other current or future account(s) I may hold with you. I hereby authorize you to reserve payment for such statement/bills as presented once per month.

These instructions will remain in force until they are expressly revoked under notice to beneficiary.

By signing this form I authorize the opening of a personal account at CSC.

Please implement accordingly, and advise CSC by signing and stamping where indicated on the back.

Name: _____

Date : _____

Signature: