



AUTHORIZATION TO DEBIT A CREDIT CARD

Payment ofeuros, for
.....

I, the undersigned _____

Living at _____

Hereby authorize Promenade des Sens®' agency 101 boulevard Haussmann, in Paris (75008) to debit my credit card account for the charges incurred at Promenade des Sens® as mentioned hereunder:

CREDIT CARD HOLDER'S NAME: _____
(AMEX not accepted)

VISA No: _____
EXP: __ / __

CVC Code: __ __ __

Or:
MASTERCARD No: _____

EXP: __ / __

CVC Code: __ __ __

CREDIT CARD HOLDER'S SIGNATURE

DATE: __ / __ / ____

The payment is made through the secure online payment system of the French bank of Promenade des Sens®, le Credit Agricole.

Please send us this form by email, mbpollet@promenadedessens.fr or by fax: 0033 9 81 70 70 62.