






Colina El Pino S/N
Phone: (56-51) 2-205 601

1. AURA will provide an invoice for the services you consume while staying at AURA in Chile within 5 days of you leaving La Serena.
2. The completion and return of this credit card authorization form grants AURA the right to charge the card indicated by the visitor, once AURA has provided the visitor with the invoice for the services confirmed and subject to a subsequent e-mail confirmation from the visitor of the specific amount being approved to charge the credit card.
3. Please complete the form using block capitals and fax it back to Lucia at (56-51) 2-205 684
4. AURA invoice in Pesos Chilenos only.

CREDIT CARD AUTHORIZATION FORM

Today's Date	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		dd mm yy
Observer's Name	:	<input type="text"/>
Address	:	<input type="text"/>
Phone Number	:	<input type="text"/>
E-mail Address	:	<input type="text"/>
Credit Card Type	:	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> Other
Credit Card Number	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiring Date	:	<input type="text"/> <input type="text"/> mm <input type="text"/> <input type="text"/> yy
Name on Card	:	<input type="text"/>
Signature	:	<input type="text"/>
Any additional comments	:	<input type="text"/>