

## CREDIT CARD AUTHORIZATION

Hereby I authorize the Jagiellonian University School of Polish Language and Culture, located at 7A Garbarska St., 31-131 Kraków, Poland, to bill my credit card with the amount of: .....

Card:  
.....

Expiration date : .....

Card:       Visa                       MasterCard                       JCB

Credit card holder (Please fill in with capital letter):  
.....

Address:  
.....  
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Signature:  
.....

Date:  
.....