

Appendix 4
Authorization of Payment
L.O.F.

Date :

I, (your name in **capital letters**)

_____ agree to payment by the **Société Centrale Canine (S.C.C.)** of the amount

of : _____ €

on my credit card : Visa MasterCard

Card no : _____ Expiration date : ____/____

Security code : _____

Name of the card
holder : _____

Signature