



CREDIT CARD AUTHORIZATION FORM



I, _____ authorize Dialogo Academia Tica S.A.
to charge my credit card No. _____,
expiration date ____/____/____
for (amount in numbers) the amount of US\$ _____
(amount in words) _____

as payment for _____

Signature _____ Date _____

Address _____

Zip Code _____ City _____ Country _____

Home Tel. _____ Work Tel. _____ Fax _____

E-mail _____

Passport Number _____

ACADEMIA TICA

Tel.: +(506)2229-0013, Fax: +(506) 2292-7136