

# Yachting Power

## Credit Card Debit Form

<b>Date:</b>	D	D	M	M	Y	Y

**To: YACHTING POWER MARITIME S.A.** Phone: (+30) 210 9842177  
 Areas 12 – 17562 - Palaio Phaliro Fax: (+30) 210 9848405  
 Athens - Greece Email: info@yachtingpower.gr

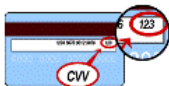
Please charge my credit card:       VISA                    Master Card

Title: Mr/Mrs/Ms

Card holder's name: \_\_\_\_\_  
 (Must be same as on the card)

<b>Card Number:</b>																			
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<b>CVV:</b>			
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<b>Expiry date:</b>	M	M	Y	Y

Card issuing bank: \_\_\_\_\_

Bank phone no: \_\_\_\_\_

Charter Code no: 

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The amount of Euro (€): 

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In words: \_\_\_\_\_

Description of Payment: \_\_\_\_\_

Address of the Cardholder: \_\_\_\_\_

Passport or ID No : \_\_\_\_\_

Signature of the Cardholder: \_\_\_\_\_

(Must be same as on the card)

PLEASE SEND TO OUR OFFICE BY FAX OR EMAIL THIS FORM AND ALSO ONE COPY OF YOUR CREDIT CARD (both faces) & PASSPORT OR ID.