CREDIT CARD AUTHORIZATION For Please fill out and sign and send this form alon documents@goldeneuro.com		GOL	DEN
 Color copy of Passport or Driver license of Accountholder (both sides). Color copy of valid Passport or Driver license of the card holder of each authorized credit card Color copy of Authorized Credit Card(s) (both sides). Color copy of a Utility Bill, bank statement or credit card statement, not older than two (2) months 		C EU	RO
Please note!!! Documents must be scanned at high resolution (300dpi)			
User Name or Customer Number (Logon)	Date		
Account holder Name		Contact Phone 1	
Account holder Street Address, Unit/Suite/Apt Number, City, State, ZIP Contact Pho		Contact Phone 2	
By placing my signature below, I authorize the use of the following credit card(s) ("Authorized Cards") for depositing into the above-mentioned Golden Euro account. I confirm that I have been authorized to use each of the Authorized Cards listed below and acknowledge that I must pay all charges incurred by these cards through transactions to my Golden Euro account, regardless of when or by whom the transaction was authorized. I confirm that you shall be fully protected when honoring any payments from my Authorized Cards. In addition, should any payment from an Authorized Card for whatever reason whatsoever not be honored, I confirm that you shall be under no liability for any costs, including bank fees, even though this may mean that my Golden Euro account may become inaccessible.			
By:		Deted	
Signed		Dated	
Print Name			
i nin name			
Credit Card (1)			
Card Type	Credit Card Number		Expiry Date:
OVISA O	Card billing address:		
MASTERCARD			
AMERICAN EXPRESS			
Name as shown on card			
Cienature of cord holder		today's date	
Signature of card holder			
Credit Card (2)			
Card Type	Credit Card Number		Expiry Date:
MASTERCARD	Card billing address:		
AMERICAN EXPRESS			
Name as shown on card			
		today's date	