



Route de Glion 56
1820 Montreux
Tel: 021 966 16 16
Fax: 021 966 16 17
surval@surval.ch

STUDENT'S NAME AND FIRST NAME :

FULL ADDRESS :

PHONE :

FAX :

E-MAIL :

ORDER TO DEBIT THE CREDIT CARD FORM

51-09C

Name and First Name of the Holder of the Card :

Credit Card Company :

Credit Card Number :

Security Number (found on the back of your card) :

Expiry Date :

Amount in CHF :

Application fee

Invoice for the optional excursions

Invoice for the stay

Invoice for personal expenses

To be returned to us by fax, e-mail (scanned) or by normal mail

Date :

Signature :