



Route de Glion 56
1820 Montreux
Tel: 021 966 16 16
Fax: 021 966 16 17
info@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 :

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Credit Card Company :

Credit Card Number :

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

Expiry Date :

Amount in CHF :

- | | |
|--|--|
| <input type="checkbox"/> Application fee | <input type="checkbox"/> Invoice for the stay |
| <input type="checkbox"/> Invoice for the optional excursions | <input type="checkbox"/> Invoice for personal expenses |

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

Date : **Signature :**