

FLORENCE INSTITUTE
OF DESIGN INTERNATIONAL

CREDIT CARD PAYMENT

FAX or Email to:

FLORENCE INSTITUTE OF DESIGN INTL
Borgo Ognissanti 9, IT 50123 FLORENCE, ITALY
Fax Number: +39.055.53.70.739
registrar@florence-institute.com

First name:

Last/Sir Name:

Having been accepted into the Florence Institute of Design Intl under the general conditions of participation, I herewith communicate the credit card details and authorize to charge for the enrollment fees specified below.

I hereby authorize The Florence Institute of Design Intl to charge the following Credit Card the amount of :

a) Euro for: (See Proforma Invoice for fee costs)

b) Registration Fee of **780 Euro** (taxes included)

c) Tuition Fee: **6120 Euro** (taxes included)

Having read the policy coverage limitations knowing that health insurance purchased in this plan covers only emergency hospital treatment (no hospital visits/routine checks, etc.)

d) FIDI Group Health Insurance Plan with Generali Insurance: **150 Euro** (taxes Included)

CREDIT CARD: **MASTER CARD** **VISA**

CARD NUMBER: - - - - - -

Valid Thru: / 20

Card Security Code (CVV):

Name of Card Holder:

Card Holder's Signature : **or initials**