

CREDIT CARD AUTHORIZATION FOR PAYMENT TO

C.E.L.F.
CENTRE D'EXPORTATION DU LIVRE FRANCAIS
9, Rue de Toul
75589 PARIS CEDEX 12
celf@celf.fr

BOOKSTORE:

Invoice(s) being paid:

I authorize a payment of _____ **EUROS**

To be charged onto my **MC** **VISA**

Name on Card

Card Number _____ - _____ - _____ - _____

Expiration: _____ / _____

Signature:

Please fax to our offices **(646) 403-3575**

[**CHARGE CONFIRMED BY CELF** date _____]