

FIRST CHOICE

Tel: (84) 2.81.34.25 Fax:(84-4) 2.81.34.26

AUTHORIZATION LETTER

My full name:	Nationality:
Passport number:	Date of issue:
Date of expiry:	Address:
Tel:	Fax:

Hereby authorize the following company.

Name: **First Choice Co., Ltd**

Address: Suite 807, N 02, Dich Vong Buildings, Tran Quy Kien Str., Cau Giay Dist., Hanoi, Vietnam

Tel : (+84-4) 2.81.34.25 Fax (+84-4) 2.81.34.26

To withdraw the amount of US \$.....

(In letters):

From my personal bank account by using my Credit Card .

Card number :

SBJ code : VISA MASTER Expiry date

This amount is the payment for following services.

	Services	Amount
	
	Service charge (3%)	

Client's signature

Card Holder Signature	Card Holder Signature	Card Holder Signature

(Attach copies of 2 sides of the card and the 1st page of passport below)