



CREDIT CARD AUTHORIZATION FORM

The form must be electronically mailed to deltacure2022@effetti.it

CARDHOLDER NAME (as shown on card): _____

CARD TYPE

Visa Mastercard CartaSi Eurocard (except Diners)

CARD NUMBER:

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EXPIRATION DATE (mm/yy) _____ Cw n.

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I authorize Effetti srl to charge my credit card above for the amount of

€ _____

Date _____ Signature _____

PRIVACY NOTICE PURSUANT TO REGULATION (EU) 2016/679

The Data Controller is Effetti srl, with registered office in via G. B. Giorgini 16, 20151 Milan (Italy), which you can contact via electronic mail (privacy@effetti.it) for any information and to exercise the rights listed in the privacy notice available at the following link http://www.effetti.it/_new/pages/footer/privacyForm_en.html. You can report any complaints to the guarantor authority (www.garanteprivacy.it).
Effetti srl requests consent to the processing of data as indicated in the privacy notice.

CONSENT Date _____ Signature _____

In case of non-acceptance, it will not be possible to provide the services for which consent is required.