



American Embassy
Santo Domingo, Dominican Republic

CREDIT CARD PAYMENT FORM

Date: _____

Name: _____

Company: _____

Address: _____

Please, charge my



for the amount of:

US\$ _____

Credit Card No.: _____

Signature: _____

Expiration Date: _____ M/Y

Send or fax this form signed to:

Haydee Calero
Fax No.: (809) 920-0267
haydee.calero@mail.doc.gov