

**PONTIFICIA UNIVERSIDAD CATOLICA MADRE Y MAESTRA  
DOMAIN REGISTRATION OFFICE  
SANTO DOMINGO, DOMINICAN REPUBLIC**

**CREDIT CARD PAYMENT FORM**

<b>TO:</b>	<b>Digna De Los Santos</b>
<b>FAX:</b>	<b>(1) (809) 286-0012</b>
<b>TELEPHONE:</b>	<b>(1) (809) 535-0111 Ext. 2052</b>
<b>FROM:</b>	
<b>DATE:</b>	

<b>Credit Card Number: (Only Visa or Mastercard)</b>	
<b>Expiration Date (MM/YY):</b>	
<b>Credit Card Holder:</b>	
<b>Amount to be charged (US\$):</b>	
<b>Domain Name:</b>	

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**Signature of Credit Card Holder**

**Note: The information provided in this form will only be used for the specified purpose.**