

Credit Card Authorisation

About this form

You can use this form to provide a credit card payment to the 2. DSP, s.r.o. (Barceló Praha).

How to complete this form

1. Ensure that all fields have been filled in correctly.
2. Please note that fields on this form marked with an * are mandatory and must be completed before submitting the statement.
3. Once completed you can submit this form by e-mail, mail, in person or by faxing to +420 251 035 110.
4. Applications will not be processed until all documentation is in order. Both side copy of credit card is mandatory.

Part 1: Applicant Details

Title	Given Name/s*	Family Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Home Number	Business Number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax Number	Email Address	
<input type="text"/>	<input type="text"/>	

Note: Before this authorisation can be lodged at least one of the modes of contact below must be supplied. *

Reason for payment: (if paying for multiple services, please itemise)

Part 2: Office use only

Application number or details:	Officer: (please print name)	
<input type="text"/>	<input type="text"/>	
Receipt number:	Amount:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3: Credit Card Details

I authorise the 2. DSP, s.r.o. to debit my credit card in the € amount of:
(please specify amount in this space provided)

Cardholder's Name* (please print name in capital letters)

Credit Card Details (Visa, Mastercard, Bankcard, American Express)

Credit Card Expiry Date*

Card Holder's Signature *

Date*