

## 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" value="ALLIANCE"/>	<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\*