

**FAX-BACK APPLICATION FORM FOR CREDIT CARDS PAYMENT ON: +420 224 222 308**

Name of the card holder: .....

Position: .....

Company: .....

Address: .....

.....

.....

Delivery Address: .....

.....

.....

**Credit card type:**

- VISA
- VISA Electron
- Master Card
- Maestro

Credit card number: .....

CVC2/CVV2 number: .....

**Transaction currency:**

- CZK
- Euro

Valid from: .....

Expiration date: .....

What do you want to order and price: .....

.....

Agreement of the card holder with taking the given amount from his account: .....

.....

E-mail address for transaction advice: .....