

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

Name of the card holder: .....

Position: .....

Company: .....

Address: .....

.....

.....

Delivery Address: .....

.....

.....

<b>Credit card type:</b>	
<input type="checkbox"/> VISA	Credit card number: .....
<input type="checkbox"/> VISA Electron	
<input type="checkbox"/> Mater Card	CVC2/CVV2 number: .....
<input type="checkbox"/> Maestro	
<b>Transaction currency:</b>	
<input type="checkbox"/> CZK	Valid from: .....
<input type="checkbox"/> Euro	Expiration date: .....

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

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

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