

Authorization for payment by Credit Card.

PRINT & COMPLETE THIS AUTHORIZATION FORM

All information will remain confidential

Name on card: _____

Billing address: _____

Credit Card type: _____ Visa Card _____ MasterCard

Credit Card number: _____

Expiration date: _____

Card identification number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: € _____ (EURO)

I authorize **Travel agency Perfekt Servis d.o.o.** (Dubrovniktaxi.net /perfect-travel-croatia.com) to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print name: _____

Return the completed and signed form* to the following:

By email to info@dubrovniktaxi.net or info@perfect-travel-croatia.com

* the form can be returned by scan or send it as a photograph.



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