

AUTHORISATION FORM

Please complete and return to Apartments Agape via fax or e-mail:

apartmentsagape@gmail.com

GENERAL INFORMATION





(Customer)

Full name:		Gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Company:		Position:	-	
Telephone:		E-mail:		
Address:				
Postal code:		City and Country:		

SERVICES (merchant)

PAYMENT BY CREDIT CARD (cardholder)

I HEREBY AUTHORIZE "APARTMENTS AGAPE" TO CHARGE MY CREDIT CARD

Card Brand:	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Cardholder's Name and Surname		Card Number:		
Expiry date (MM/YY)		CVV2/CVC code(3 digits)		
Card Issuer Bank		Card Issuing country		
Authorised amount				
Date of the authorization:				
Signature of CC Holder (as it appears on card):				

PLEASE NOTE:

REQUEST CAN NOT BE PROCESSED WITHOUT:

- **A legible copy of the credit card front and back, We do not accept unsigned cards**
- **A copy of the credit card holder's photo identification document.**

- Herewith I authorize Apartments Agape, Petrovac to preauthorize /charge my Credit Card for any outstanding amount on pre invoice or invoice.
- I accept Apartment's Guarantee & Cancellation Policy *and agree to NON REFUNDABLE rate.*
- I will make sure that my Credit Card is ready for charging.
- If at any time there will be changes in the Credit Card related details, as specified above, we will inform Apartments Agape for thwith to prevent any unpaid invoices or damage.

Date: _____

Signature of the cardholder (as it
appears on the card)

Signature of the owner of the facility