**MAIL ORDER TRANSACTION FORM**

# PLEASE PRINT

***filled only by HOTEL***

Merchant Name : CRH Patio Sp. z o.o.

Merchant Location Address: ul. Kiełbaśnicza 25, 50-110 Wrocław

NIP (Tax) no : PL 897 17 02 720

Merchant authorised employee : Joanna Stypa - Loręc

Transaction:

Detailed description of purchased goods / services :

accommodation

Authorisation number : ............................................................................

Paper voucher number : ............................................................................

Transaction (Authorisation) Date and Time : .................................................................

***filled only by GUEST***

Payment with : **Payment (Credit) card**

Scheme : |\_\_| VISA |\_\_| MasterCard

Card (Account) Number : ...................................................................................................................................

CVV2 / CVC : ............................

Issuer : ................................................................................................................................

Card Expiry Date : ........... / .............. (mm/yy)

Cardholder Name : ...........................................................................................................

Cardholder or Shipping: .........................................................................................................................

Address

 .........................................................................................................................

Customer Phone number: ........................................................................... (with area code, desk phone preferred)

Date of Birth: .................................................. (dd/mm/yyyy)

ID / Passport number : ...................................................................................................

**In the case of destructions of any equipment in the reserved hotel room, I agree for the charging my credit card with the extra amount.**

**Please, debit my account :**

Cardholder signature (the same as on the Card): .....................................................................................................

(*For Mail Order transactions only*)

***Please, fill in also the paper transaction voucher and as transaction is completed, please attach the copy of this form to paper voucher prior to settlement (sending to CardPoint).***

***Thank you for your cooperation.***