

Acceptance of transaction

BILLING INFORMATION:

The Credit Card

Holder Name:

(First/Middle/Last) _____

Billing address:

(Address, City, State, Zip, Country) _____

Delivery address:

(Address, City, State, Zip, Country) _____

Phone: _____

E-mail: _____

ESTABLISHMENT:

ART CITY Gallery

Uvoz 3, 118 00 Prague 1, Czech Republic

phone: +420 257 532 825 mobile: +420 776 688 106

e-mail: info@galleryartcity.com, web: www.galleryartcity.com

DESCRIPTION OF GOODS

Quantity

_____	_____
_____	_____
_____	_____
_____	_____

Total value:

_____,⁰⁰ CZK

TYPE OF THE CARD:

- VISA

- Eurocard/MasterCard

card number: _____

valid from: _____

security code of the card: _____

expiration date: _____

security code: Required for all Mastercard and Visa purchases

three-digit number, which is on a signature strip on the back side of the credit card next to the card number, respectively next to the last four-digit number of the card number.

VALID FORM OF IDENTIFICATION:

- Driving license

- Passport

- Social security number

number: _____

I accept the charges to my account with the following amount of _____,⁰⁰ CZK (Czech crowns).

Date: _____

Signature of the card holder: _____

The debit will appear on your credit card statement as
ART CITY GALLERY