



AUTORIZACIJA / AUTHORISATION FORM

Potpisivanjem ovog dokumenta ovlašćujem Big Blue Group da zaduži moju kreditnu karticu.
I hereby authorize Big Blue Group to charge my credit card.

Ime na kreditnoj kartici:

Cardholder's Name: _____

Tip kreditne kartice:

Credit Card Type: _____

Broj kreditne kartice:

Credit Card Number: _____

Datum isteka važnosti kartice:

Expiration date: _____

CVV2/CVC2 broj:

CVV2/CVC2 Number: _____

Iznos:

Amount: _____

Adresa vlasnika kreditne kartice:

Address: _____

Telefon (fiksni):

Phone (land line): _____

Svrha uplate:

Payment purpose: _____

Ime putnika (ukoliko se razlikuje
od imena na kartici:

*Name of passenger (if different than
cardholder's name):* _____

Molimo Vas da na fax +381 11 4144412 ili e- mail info@bigblue.rs pošaljete popunjen
formular i kopiju prednje i zadnje strane kreditne kartice.

*A clear copy of the front and back of the above credit card must be attached, signed and return with this form
on fax +381 11 4144412 or e-mail info@bigblue.rs*

Potpis vlasnika kreditne kartice:

Cardholder's signature:

Datum:

Date: _____

