



Credit & Debit Card Approval Form

- **Credit & Debit Card payments must be finalised at least 7 business days prior to departure.**
- **Credit & Debit Card payments are subject to a 3.5 % surcharge.**
- **Credit & Debit Card payments maybe in €Euro or £ GBP.**
- **All information related to Credit & Debit Card payment should be faxed directly to Direct Healthcare International Limited's administration offices on 00353 253 4208**
- **Direct Healthcare International strongly advises against sending e-mail correspondence containing Credit & Debit Card details.**

Please note: where the patient is not the cardholder the following must be supplied:

- 1. A faxed photocopy of each side of the Credit or Debit Card.**
- 2. The completed form on page II of this document**
- 3. A faxed copy of the ID of the Cardholder**



Credit Card Approval Form

Credit & Debit Card Approval Form

Please fax signed document to: 00353 253 4208

I:

(Name of cardholder as written on credit or debit card)

Of:

(Address of cardholder)

Phone Number:

E-mail:

Agree to pay for the treatment of:

(Name of patient) - please see note below

Type and date of treatment:

You have my permission to charge the sum of: Euro GBP

Type of Card: Switch Solo Visa Mastercard Delta Electron Maestro



Credit or Debit Card Number:

Expiry Date:

CVV Code: (3 last number on signature panel)

Date of Signature:

Cardholders Signature:

Please note that where the cardholder **is not** the treated person the following must be supplied.

1. A faxed photocopy of each side of the Credit or Debit Card.
2. The completed form on page II of this document
3. A faxed copy of the ID of the Cardholder