

PartnerCard APPLICATION form
20 € MEMBERSHIP FEE
(PLEASE ENTER DATA IN CAPITAL LETTERS)

PartnerCard
(for business travellers,
holidaymakers and families)

PartnerCard Plus
(for senior guests)

Particulars:

Company name	
Street	
Street number	
ZIP/Postal code	City
Country	Position
Phone	Fax
E-mail	

Personal Data: *Required Information

Name*		Title
First name*		
Street*		Street number
ZIP/Postal code*	City*	
Phone (private)	Mobile phone number	
E-mail (private)		
Date of birth (Day/Mo/Yr)*	Nationality*	
Passport number (number of ID or passport)*	Pass valid until (passport expiration date)*	

Preferences:

Room Category:

<input type="checkbox"/> Suite	<input type="checkbox"/> Superior	<input type="checkbox"/> Comfort	<input type="checkbox"/> Classic	<input type="checkbox"/> Smoking	<input type="checkbox"/> Non-smoking	<input type="checkbox"/> Extra large bed	<input type="checkbox"/> Second pillow	<input type="checkbox"/> Rooms with considerations for disabled persons
Others								

My interests:

<input type="checkbox"/> Beauty and spa	<input type="checkbox"/> Operas and concerts	<input type="checkbox"/> Holidays
<input type="checkbox"/> Golf	<input type="checkbox"/> Overseas travel	<input type="checkbox"/> Cultural- and city trips
<input type="checkbox"/> Hotels with meeting and congress facilities	<input type="checkbox"/> Others	

By signing, I also confirm I have no objections to receiving advertising- and/or preference-based offers from **MARITIM** Hotelgesellschaft mbH. The regulations governing personal data protection are adhered to at all times. No advertising materials from other companies will be sent in connection with this waiver.

Invoice Address:

<input type="checkbox"/> Private address	<input type="checkbox"/> Business address
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Please let us know whether your bank account or credit card should be debited and complete the appropriate fields.

SEPA Direct Debit Authorisation (only for SEPA countries):

I hereby authorise **MARITIM** Hotelgesellschaft mbH SEPA direct debit access to the account entered below for the purpose of annual membership fee withdrawal into the amount of 20 € as well as the setting of expenses incurred through use of the associated PartnerCard:

Credit institute (name)
IBAN
BIC

The applicant is equal to the bank account owner. The debiting of your account will take place 14 days after the date of invoice or the following working day. Maritim Hotelgesellschaft mbH creditor identifier: DE70 MH-V00000497095. Unique mandate reference: [PartnerCard Number]PARTNERCARD

Credit Card Payment:

Please deduct my annual membership of 20 € as well as any expenses incurred through use of the associated PartnerCard from my credit card:

<input type="checkbox"/> Eurocard/Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Visa	<input type="checkbox"/> Diners Club
Credit card number			
Credit card validation			

My signature signifies my acceptance of the general terms & conditions and guarantees the accuracy of the information I have entered into this application. I hereby grant **MARITIM** Hotelgesellschaft mbH and its contracted third parties the right to save and process my personal information and transactional information associated with the usage of my PartnerCard. Please note: The collection, processing and saving of your data is carried out for purposes of membership in this program only and in accordance with the appropriate laws governing personal data protection.

Card number	Date, Authorized signature*
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Please moisten all round.