

OIB 34016189309

ORDER FORM (Please print clearly)

Card Holder's Name

Card Holder's Address

Postcode

Town/City

Country

Amount (in EURO €)*

Card Type: American Express

MasterCard

Visa

Credit Card Number

Valid thru (Expiration Date)

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Issue Number**

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Date

Signature

Please print out and fill this order form, sign it and fax it to ITI Accounting Office fax number: +385 1 616 55 56.

* The amount expressed in euro (€) will be converted into local currency (HRK) on the payment date.

I declare that I am familiar and I agree with this fact.

** For American Express Card number above Credit Card Number, for MasterCard and Visa Card on the back of the card above signature last three numbers.