



MB 03283020

ORDER FORM (Please print clearly)

Card Holder's Name	
Card Holder's Address	
Postcode	Town/City
Country	
Amount (in EURO €) [*]	
Card Type: American Express MasterCa	ard Visa
Credit Card Number	Valid thru (Expiration Date
Issue Number**	
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.