



MB 03283020

## **ORDER FORM** (Please print clearly)

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
	and fax it to ITI Accounting Office fax number:

\*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.

<sup>\*\*\*</sup> 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.