

Payment via Card Form

must be signed and send by fax no: +48 61 829 6127

All payments should be made in EUR

First Name:

Last Name:

Address:

Postal code and city:

Country:

E-mail:

Tel:

Please charge my:

- VISA
- MasterCard
- Maestro
- Visa Electron

other (we do not accept American Express or Diners)

Total amount (in Euro): EUR

Card No:

Card Security Code from back of card (C2V2/CVVC):

Card Expiry Data: /

Cardholder's Name

Address

Cardholder's Signature:

Date: / /

**NOTICE!!! Please print and send signed
form by fax no: +48 61 829 6127**

