

AUTHORISATION FORM FOR PAYMENT BY CREDIT CARDS

Name: Adress: Country:			
		Date,	
		elgrade, Serbia to debit our credit card for the EUR), as a payment described on the Invo	oice
Our credit card details (DIN	ERS):		
Credit card number: Expiry date: Cardholder name:			
Signature			

Pls adjoin also both copies (front and back) of your credit card. Have in mind that the signature on this authorisation have to be the same as on the credit card.

This authoristaion have to be sent on our fax 00381 11 2759-089