



Dear Sir or Madam !

Kindly forward this form completed together with your front and back page credit card copy to the fax number 00385 23 313 740, or to an e-mail address stated on the bottom of this page. It is required that the submitted credit card is signed and with valid expiration date. We confirm that your credit card information will be forwarded directly to an undersigned person's computer in electronic mode. Your credit card information will be available only to undersigned person. The forwarded credit card copy presents an approved payment guarantee for charges stated on the final invoice.

Credit card type: _____

Cardholder: _____

Credit card number: _____

Security code: _____

Expiration number: _____

Signature/ stamp

Poštovana gospodo !

Molimo vas da ispunjeni formular zajedno sa kopijom prednje i zadnje strane vaše kreditne kartice pošaljete na broj faxes 00385 023 313 747 ili e-mail adresu koja je navedena na dnu formulara. Potrebno je da je formular za kreditnu karticu uredno potpisan i da ima važeći datum trajanja. Garantiramo vam da će informacije sa vaše kreditne kartice biti upotrebljene samo u svrhu plaćanja vaše usluge.

Podaci sa vaše kreditne kartice predstavljaju garanciju za potvrdu plaćanja za usluge koje su navedene na računu.

Vrsta kreditne kartice: _____

Vlasnik kartice: _____

Broj kartice: _____

Sigurnosni kod: _____

Datum trajanja kartice: _____

Potpis/Pečat