

P R O M A R I N E, d.o.o.

CREDIT CARD PAYMENT DETAILS

Cardholder name:

Card Type: American Express
 Diners Club
 EuroCard
 MasterCard
 VISA

Total amount: EUR

Card Number: Expiration date:

Signature:

Place and date:

Would you, please, send us Credit card payment details by FAX +386 590 83 319 and with registered mail to our postal address:

PROMARINE, d.o.o.
P. O. Box 445
1001 LJUBLJANA
SLOVENIA