



Best of Europe

Mail Order Form

Credit Card Type:.....

Credit card Number:.....

Expiration day:.....

Card Security Number

Card Holder's Name:

By signing this form Card Holder accepts charge of amount
(...../00) inclusive of 3.5% credit card processing fee
for following services.....

Name.....

Signature.....

Kindly fax this form to 011.39.06.65025014
www.bestofeurope.biz www.bestofeurope.it
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