

CREDIT CARD PAYMENT DETAILS

Cardholder name:

Card Type: American Express
 Diners Club
 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 83 346
or by registered mail to our postal address:**

M. D. MARINE MANAGEMENT LIMITED
P. O. Box 445
1001 LJUBLJANA
SLOVENIA