



Mail Order Form

Credit Card Type:



Credit card Number:

Expiration date:

Card Security Number:

Card Holder's Name:

By signing this form Card Holder accepts charge of amount € equivalent to € + 3,5% card fee for full balance for tourist services as better specified in our program dated

Name:

Signature:

Kindly email this form to bestofeurope@europe.com
www.bestofeurope.us www.bestofeurope.it