

Mail Order Form

First Name	
Surname	

Street	
Apartment number	
Postal code	
City	
Country	

I authorize Inwestycje Alternatywne Profit S.A. to charge my credit card:

Card number	␣␣␣␣ -␣␣␣␣ -␣␣␣␣ -␣␣␣␣
Expiration date	
VISA ␣ MasterCard ␣ EuroCard ␣ DINERS Club ␣ American Express ␣ JCB ␣ CVV2 ␣␣␣ CVC2 (Master Card) ␣␣␣	

as a payment for coins and accessories in total value: złotych

Card holder signature

Please fill in the form and fax or e-mail it back, together with a scan/copy of your id document with your signature sample on it.

fax: +48 22 523 25 01

e-mail: biuro@e-numizmatyka.pl