INTERSPORT TRAVEL
Your Travel Consultant

MAIL ORDER FORM
Fax Original

Date__/__/__ Hour __:__ Fax No_____ Sender _____ Page No __

DETAILS OF PRODUCTS / SERVICES THAT YOU ARE BUYING
Please ensure that these details are copied correctly from our on line catalogue

Products / Services	Description	Quantity	Price
TOTAL			

NAME AND ADDRESS OF CARDHOLDER / DELIVERY ADDRESS

The name and address details below MUST be the filled in exactly the same as for your credit card. These details may be checked when validating your credit card.

Name	
Street Address	
City & Country & Zip	
Telephone No & Fax No	
E-mail	
Best time for contact	

CREDIT CARD DETAILS

Card Type: Eurocard / MasterCard Visa
Name of the Issuer: _____
CVV (VISA):…… CVC2 (Eurocard/MasterCard): ……
The details below are to be filled in using a PEN on the printed copy, as these details are NOT send via Internet.

Card Number: _____ Valid to: _____ / _____
Cardholder's Address: _____
I wish to order the above named items, I am aware of the smallprint specifically about credit cards, an address above matches the credit card. I am using my credit card according to the agreement I have with the credit card company.

Today's Date: _____/_____/_____ Signature: _____

P.S. Remember to FAX (+ 359 2 98 11 551) or POST a copy of this form to InterSport Travel Ltd. 10, Trar Kaloyan Str., Sofia 1000, Bulgaria, remembering to have correctly signed this order form.

10, Tsar Kaloyan Str., Sofia 1000, Bulgaria tel.: +359 2 98 11 551; tel./fax: +359 2 98 11 655
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