



ORDER FORM

CREDIT CARD BILLING ADDRESS:		RENTAL PACKAGE DELIVERY:	
NAME*		NAME*	
COMPANY		HOTEL/ COMPANY*	
ADDRESS*		ADDRESS*	
CITY*		CITY*	
STATE*		COUNTRY	BULGARIA
COUNTRY*		PHONE*	
PHONE*		FAX*	
FAX*		E-MAIL	
E-MAIL		THE PACKAGE MAY ALSO BE ACCEPTED BY: HOTEL RECEPTION STAFF <input type="checkbox"/> OFFICE RECEPTION STAFF /WHERE APPLICABLE/ <input type="checkbox"/> IN PERSON ONLY <input type="checkbox"/>	

* REQUIRED FIELDS

CREDIT CARD INFORMATION

CARD TYPE	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	CARDHOLDER'S PLACE AND DATE OF BIRTH:
CARD NUMBER			
CARD VALIDATION CODE /THE DIGITS AT THE BACK OF THE CREDIT CARD/			
EXPIRATION DATE:	___/___		

PLEASE, INDICATE THE TYPE OF THE RENTAL PACKAGE AND THE QUANTITY REQUIRED:

ECONOMY PACKAGE <input type="checkbox"/>	QUANTITY:	US 20 COMBO PACK <input type="checkbox"/>	QTY:
STANDARD PACKAGE <input type="checkbox"/>	QUANTITY:	UK 10 COMBO PACK <input type="checkbox"/>	QTY:
INTRA SMART SIM <input type="checkbox"/>	QUANTITY:	DE 10 COMBO PACK <input type="checkbox"/>	QTY:
INTRA SMART SIM PLUS <input type="checkbox"/>	QUANTITY:	INDIVIDUAL COMBO PACK <input type="checkbox"/>	REF: QTY:
BEGIN/ END DATES	FROM DD/MM/YY ___/___/___ To DD/MM/YY ___/___/___		
DELIVERY TIME	___:___ AM / PM (GMT + 02:00)		
HOW DID YOUR HEAR ABOUT US?			

I acknowledge that I have read and agreed to the Terms and Conditions of the Rental Agreement and authorize Intrafonica Bulgaria Ltd. to charge on my credit card all payments related to the rental of the Cellular Equipment and associated services. Upon finalization of the Rental Service, all costs including rental, delivery and call charges will be charged to my credit card.

CARDHOLDER
(NAME & SIGNATURE)

DATE
(DD/MM/YY)