

Cont.# _____

Inv.# _____

CREDIT CARD PAYMENT

Please complete the form and return by e-mail to
o.dosova@imedia.ru
with a copy of your credit card (both sides).

Company _____

Address _____

Type of Credit Card: AmEx Visa MasterCard

Name of CardHolder _____

Credit Card No _____

For Visa: CVV2 (a three digit code printed after the account number on the reverse side of the card) _____

Expiry Date _____ Amount _____

Date: _____

Signature _____

3 Polkovaya Ul., office 2202, Moscow
Tel: +7(495) 232-4774 Fax: +7(495) 232-9274