

ORDER FORM

Fill out this form and either fax to: 216-241-3070

Or Mail to: GrowPack Centre
12526 Cedar Road, Suite 1
Cleveland Heights, OH 44106 USA

phone: 216-241-3078

Please ship _____ copies of Ardagh Group History and Prospects to:

Your name: _____

Company Name: _____

Shipping Address: _____

Payment details:

Check enclosed made out to GrowPack Centre

Bill my Credit Card:

Visa Mastercard Amex

Amount to pay (\$1,800 each / €1,500 each): _____ Euros USD

Card Number: _____

Expiry date: _____ Valid from: _____

Security number: _____

Name on card: _____

Signature: _____

Card billing address : _____
