



MAIL ORDER FORM FOR PAYING WITH CREDIT CARD

PLEASE FILL THIS SECTION BY CHECKING YOUR CREDIT CARD

CARD HOLDER'S

NAME SURNAME :

CREDIT CARD TYPE : VISA EUROCARD / MASTERCARD

CREDIT CARD NO 1 :

CREDIT CARD NO 2 :

EXPIRATION DATE : C V V

BANK NAME :

ADDRESS :

POST CODE / CITY :

PHONE NUMBER : Office Home

BILLING DETAILS

NAME :

ADDRESS :

POST CODE / CITY :

TAX OFFICE :

TAX NUMBER :

PAYMENT DATE (DD / MM / YYYY)

PAYMENT AMOUNT

TOTAL AMOUNT (EURO) : EURO

TOTAL PAYMENT (IN WRITING)

I HEREBY DECLARE and ACCEPT THE ABOVE WRITING AMOUNT OF **T20 ANTALYA SUMMIT ACCOMMODATION AND TRANSFER FEES** TO BE CHARGED TO MY CREDIT CARD ACCOUNT BY **SEGE ULUSLARARASI TURİZM KONGRE ORGANİZASYON LTD. ŞTİ.**

DATE :

SIGNATURE :

Dear Card Holder,

Please fill this mail order form carefully in order to avoid any mistakes which may occur.