



## MAIL ORDER FORM

<b>KART SAHİBİNİN ADI SOYADI</b> CARD HOLDERS NAME&SURNAME	
<b>KREDİ KARTI NO</b> CREDIT CARD NUMBER	
<b>SON KULLANMA TARİHİ</b> EXPIRY DATE	
<b>CVV2 NO(GÜVENLİK NO)</b> CVV2 NO(SEcurity NO)	
<b>BANKA ADI</b> BANK NAME	
<b>KREDİ KARTI TÜRÜ</b> CREDIT CARD TYPE	
<b>ADRES</b> ADDRESS	
<b>TELEFON NO</b> TELEPHONE NUMBER	

<b>TOPLAM TUTAR (RAKAM İLE)</b> TOTAL AMOUNT (NUMBERS)	
<b>TOPLAM TUTAR (YAZI İLE)</b> TOTAL AMOUNT (LETTER)	

**Bu belge ile Ayder Seyahat Turizm A.Ş.'ye yukarıda yazılı bedelini tahsil etme yetkisini veriyorum.**

*I give the authority with this document to charge the cost to the company written above Ayder Tourism Limited Company.*

**TARİH (DATE)**

**ADI SOYADI (NAME & SURNAME)**

**İMZA (SIGN)**

**FATURA BİLGİLERİ:**

