****

ADK SEYAHAT ACENTALIĞI VE TUR.İŞL.SAN VE TİC.LTD.ŞTİ

Siteler Mah.Doğan Demircioğlu Cad No:9/2 Pamukkale / Denizli /Turkey

Pamukkale V.D 0080819943

**DATE:**

**MAİL ORDER FORM**

**Customer Name Surname or Firm Name :**

**Credit Card Holder Name Surname :**

**Address of Credit Card Holder : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Landine Phone number : Mobile:**

**Name of Bank :\_**

**CARD NO**

**• Please enter your 16 Digit Credit Card Number in the**

**CARD NO section below**

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**1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16**

**EXPIRATON DATE:**

**. Fill your Card Expiration date as Month and Year.**

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**/**

**MONTH YEAR**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**SECURITY CODE:**

**Payment amount (by number) : ……………………..**

**Payment amount (in writing) : ………………………………………………………………………………**

**• I agree that the above information is correct and that I have written with free will.**

**• I agree that if the card number is changed, the expiry date is passed, stolen, lost, I will apply legally to the required places and the vendor will not be associated with this situation.**

**• It is not in question whether the cancellation of the payment is requested or not paid at the prepayment date.**

**Name / Surname**

**Signature / Firm Cachet**

\* The original form must be sent.

\* Credit Card Holder's identitiy card copy is required for the process of approval. Please send Credit Card Holder's copy of Identity

Card (ID Copy)

\* Please do not forget to your Signature and hit firm Cachet after completing the information. .

\* After filling out the form, you must send it to info@healthpartnerturkey.com.