




MAIL ORDER REQUEST FORM

PERSONAL DETAILS :			
Name :			
Surname:			
Reservation Code:		Name of Representative:	
E-mail:			
Address:			
Postal Code:		Country:	
Phone (Home):		Mobile/Cell Phone:	

CREDIT CARD DETAILS:			
Name as on Card:			
Credit Card Number:			
Valid Thru:		Security Code :	
		* Last three digits of the number at the back of credit card.	
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	
* Please note we accept Visa Card, Master Card and American Express!			
Please charge the amount ofTL/EURO/USD from the credit card given above.			
<input type="checkbox"/> I acknowledge reading the Terms and Conditions and I understand my credit card will be charged according to the terms stated. *			

**** To complete the payment procedure please e-mail or fax (00-90-256-6127075) the form with the copies of credit card owner's passport or driver licence (front page only) and credit card (upon request).**

**As this is an overseas transaction you may need to contact your bank and inform them of this payment. Some banks may block your transaction for security reasons or the amount may exceed your daily limit. If we you find that the transaction is rejected more than 3 times, this is an indication that the bank has blocked the transaction.

** Please let us notify you that credit card surcharges may apply, if you chose to pay by credit card.

I agree that above the mentioned amount will be enrolled as a debit on my credit card account and as a debit on your company's related account number according to the conditions and the agreement between Castle Travel (Kulturel Tur. Tic. Ltd. Sti) and GARANTI BANK and I authorize GARANTI BANK for all these operations.

SIGNATURE:

DATE:...../...../20....

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