



MAIL ORDER PAYMENT FORM

Customer Name /Company Name:

Cardholder Name:.....

Address:.....

Mobile (GSM) / Landline Phone:.....

Order Detail:.....

CREDIT/DEBIT CARD NUMBER

• Please enter your 16-digit Credit Card Number in the CARD NUMBER section below.

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EXPIRATION DATE:

• Enter the Expiration Date of your card as shown on the card, in MONTH and YEAR format.

		/		
MONTH			YEAR	

SECURITY CODE:

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Payment Amount (Numerical): AMERICAN DOLLARS(USD)

Payment Amount (In Words): AMERICAN DOLLARS(USD)

Payment Date:

- I hereby declare that the information provided above is accurate and has been written of my own free will.
- I confirm that the cost of the goods or services received will be recorded as a receivable by "MUSTAFA NALBANTOGLU NAL DIS TICARET" based on the information provided above.
- In the event of a change in the card number, expiration date, theft, or loss, I undertake to make the necessary legal applications to the relevant authorities and acknowledge that the seller institution will not be held responsible for such situations.
- I agree that there will be no cancellation or non-payment of the payment on the date I have previously authorized.
- It is mandatory to fill in all fields by hand.
- The form must be sent to us first via email and then the original copy must be sent with a stamp and signature.
- The document will be processed from the date it is signed and cannot be RETURNED / CANCELED.
- It is mandatory to send an identity verification document, such as a passport, ID card, or driver's license, along with this form.

"I accept all the details and terms."
This statement must be written by hand,
along with the full name and signature.



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