



DATE:

Credit Card Mail Order Payment Authorization Form – Ricketts Tourism Trade Inc.”

SUBJECT:

- Please complete the order of payment form as follows.

Name -Surname / Company Name : _____

Cardholder's Name Surname _____:

Adress _____:

Phone _____:

CARD NO:

- Please write your credit card number.

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EXPIRY DATE:

- Please write your credit card expiry date.

MONTH

YEAR

		/		
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SECURITY CODE (CVC2 / CVV2):

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CREDIT CARD TYPE : Visa Mastercard

Payment Amount (Number) : # #

Payment Amount (Letter) : # #

Payment Date :

- Please charge my credit card indicated with the amount shown above.

Name / Surname

Sign / Company Stamp

PLEASE RETURN THIS FORM TO: info@danieltours.com and CC: nesrin@danieltours.com
BEFORE APRIL 30

DANIEL TOURS
Ricketts Turizm Tic. A.Ş
CUMHURİYET BULVARI . NO:141 D:11
KONAK - İZMİR
TEL : +90 (232) 404 64 64 FAX: +90 (232) 404 64 68
Mobil Tel : +90 538 636 86 47
info@danieltours.com – www.danieltours.com

