Tarih / Date: … /…/……

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| **OLGUNLAR KAÇKAR PANSİYON MAIL ORDER ÖDEME FORMU****Olgunlar Mah. Yaylalar Köyü Yusufeli/ARTVİN TURKEYTel:04668322047 E-Posta:kackarpansiyon@hotmail.com** |

**KAÇKAR PANSİYON KREDİ KARTI ( MAIL ORDER ) ÖDEME FORMU**

**KAÇKAR PANSİYON CREDIT CARD ( MAIL ORDER ) PAYMENT FORM**

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| **Kart Sahibinin Adı Soyadı:****Card Owner’s Name Surname:** |  |
| **Adres:****Address:** |  |
| **GSM (Cep) / Sabit Telefon:****GSM (Mobile Phone) /Fixed Line:** |  |
| **Kartın Alındığı Banka:****Credit Card Bank Name:** |  |

**Kart Numarası (16 haneli kart numaranızı yazın.) / Card Number (Write your 16 digits credit card number):**

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**Kartın Son Kullanma Tarihi (Ay-Yıl) / Expiry Date of Credit Card (Month-Year):**

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**Güvenlik Kodu (CVV2) / Security Code (CVV2):**

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**Ödeme Tutarı (Rakamla) / Payment Amount (Numeral) : ………………………. TL**

**Ödeme Tutarı (Yazıyla) / Payment Amount (In Writing) : ……………………………………………………………………………….. TL**

**Ödeme Tarihi : …./…./………**

* **Yukarıdaki bilgilerin doğru olduğunu ve özgür irademle yazdığımı kabul ediyorum. / I admit that the information above is correct and I filled this form with my free will.**
* **Alınan mal veya hizmet bedelinin *Kaçkar Pansiyon* tarafından, yukarıda belirtilen bilgiler doğrultusunda, alacak olarak kaydedilmesini beyan ederim. / I declare that the price of the service or property that is received will be record as receivable due to the information stated above by *Kaçkar Pansiyon***
* **Kart numarasının değişmesi, son kullanma tarihinin geçmesi, çalınması, kaybolması durumunda, gerekli yerlere yasal başvuru yapacağımı, satıcı kurumun bu durumla ilişkilendirilmeyeceğini taahhüt ederim. / In case of changing card number, expiration date passed card, stolen card or lost card situation, I undertake to appeal legally to necessary places and will not relate the dealer with this situation.**
* **Önceden vermiş olduğum ödeme tarihinde, ödemenin iptalinin istenmesi veya ödenmemesi, söz konusu değildir. / It is out of question to change the payment date or to cancel the payment.**

***Ad Soyad / Name Surname***

***İmza / Signature***