

elsanat™

Title :Elsanat Tasarım Üretim Tedarik İç ve Dış Ticaret Ltd Şti
Address :İkitelli OSB Saraçlar Sit. 13.Blok Kat:1 No:59 Başakşehir İstanbul TR
Tax :İkitelli 3331567727
Registry:155286-5
Mersis :0333156772700001
Tel :+90 212 951 00 65
E-mail :info@elsanat.com.tr

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kurumsalhediyeci.com
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CREDIT CARD MAIL ORDER PAYMENT FORM

PAYMENT DATE:	
COMPANY NAME:	
CARD OWNER E-MAIL:	
NAME ON THE CARD:	
CARD NUMBER:	
EXPIRATION DATE:	
CVV CODE:	
AMOUNT TO BE PAID: (WITH NUMBER)	
AMOUNT TO BE PAID: (WITH LETTER)	

I hereby confirm that the information given above is true. I agree that i have taken/ will take delivery of the products/ services and the payment is taken by Elsanat Tasarım Üretim Tedarik İç ve Dış Ticaret LTD ŞTİ using my credit card information that i have stated above.

AUTHORIZED NAME:

SIGNATURE: