



I would like to pay total order with my credit card.

Company :

Card HolderName :

Address :

City :

Post Code :

Phone No :

Fax No :

Please charge the order no Total my credit card as below.

NAME OF THE BANK:

Card No:

VISA

MASTER

Expiry Date:

CVV NO:

Please debit the above mentioned amount of my Visa/Master credit account, and credit it to the account of our company in Yapı Kredi Bank / Karakoy RihtimBranch. I approve the conditions of the transfer to be done between your company and the Yapı Kredi Bank and I authorize Yapı Kredi Bank A.S with this regard.

Date:

Signature:

SGM DOGAL TEKSTIL SANAYI ve DIS TIC. LTD.
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