
Camp Period : _____

Address : _____

: _____

Ip Code: _____ City: _____ Country: _____

Contact Phone : _____ Phone 2: _____

e mail _____ @ _____

Card Holder's Information

Card Type VISA MASTERCARD

Bank Name : _____

Name Surname : _____

Card Number

Valid Date Security No:

Billing Address: _____

: _____

Ip Code: _____ City: _____ Country: _____

Amount to be paid _____ (ith Digit) _____ Euros (ith letter)

SÖZLEŞME SARTLARI:

- 1) _____)
- 2)

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