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**MAIL ORDER FORM**

To be faxed to Anker Travel +90-256-614.40.35

First and Family Name  
of the Card Holder : .....

Telephone and/or Fax : .....

Address – for invoicing only : .....

: .....

Amount and Currency : .....

Type of Credit Card : Visa - Master

Credit Card Number : ..... - ..... - ..... - .....

Credit Card Security : ..... (Last 3 digits at the back of the card)

Expiry Date : .... / .... (MM / YY please)

Your Contact at Anker Travel : .....

Signature by the Card Holder : .....

Date of Signature : .....

P.S. Please be so kind to join a photocopy of your Identity Card and of your credit card (both sides please). Thank you.



88-2-1033-4



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