

I hereby authorize Opus Travel Agency to charge my below described credit card the amount of **EURO xxxxxxxxxxxxxx** for the services received in Istanbul xxxxxxxxxxxxx.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CARDHOLDER’S NAME** |  | | | | | | | | | | | | | | | | | | | |
| **CARD TYPE** | VISA ( ) | | | | | | | | | | MASTERCARD ( ) | | | | | | | | | |
| **CARD NUMBER** |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |
| **EXPIRY DATE** |  | | | | | | |  |  |  | |  |  |  | | | | | | |
| **CVV NUMBER** |  | | | | | | | |  |  | |  |  | | | | | | | |
| **AMMOUNT** | **€ xxxxxxx** | | | | | | | | | | | | | | | | | | | |
| **SIGNATURE** |  | | | | | | | | | | | | | | | | | | | |

Please fill up this form and send via fax or mail to the following address.

**E-mail: alp@efesopus.com**

**Fax: + 90 212 2366180**