



MARMAOTELİSTANBUL

Marma Otel İstanbul MAIL ORDER FORM

AGENCY AND HOTEL NAME :

DATE :

Name and
Surname

Mobil Number 0 (____) _____ House Phone 0 (____) _____

Phone Number 0 (____) _____ Fax Number 0 (____) _____

Adress :

E-Mail

Room Style : Single Double French Bed Triple

Information Price

Total : _____ Euro (Alone _____ Euros)

Bank Money Order

Credit Card

Bank Order Name :

İstanbul Marmara Eğitim Sağlık Kurumları A.Ş.

T. İş Bankası Maltepe Üniversitesi Şubesi

Şube Kodu : 1265 YTL : 31357 USD : 1423 EURO : 1419

Credit Card Information

Bank Name :

Card Number : _____ **Expiration Date** ____ / ____ **CVV *:** ____

INVOICE NAME AND ADRESS :

I give the above information, Marma Hotel account of the amount to be charged to my credit card I agree

Name , Surname

Date :

Signature :