

CARD HOLDER'S INFORMATION

Name – Surname:

City:

Country:

Mobile:

E-Mail:

CARD TYPE VISA MASTERCARD

Credit Card Number | 16 Digit Number

Expire Date

Safety Code

- I hereby authorize PRIME Congress Management and Tourism Ltd. to withdraw the related amount mentioned above.
- Due to the bank expenses occurred during withdrawal process, a fee of % 2 will be added to the total amount.

Amount:

Signature:

INVOICE INFORMATION | Please mention below the necessary information that should be written on the invoice

