

# Christofle

PARIS

## CREDIT CARD PAYMENT FORM

Dear Christofle IstinyePark,

Please find attached the list of the products which are to be charged to my credit card and subsequently delivered to the address state below.

Credit Card Holders Full Name:

Address:

Telephone Number:

Transaction Date:

Requested Product(s):

Transaction Total:

Product(s) For:

Product(s) From:

Delivery Date:

Credit Card Bank:

Credit Card Number:

Credit Card Expiry Date:   /

Security Code (Last 3 digits on reverse of card):

I here by agree for your company to charge the total amount of products purchased by myself as above to my VISA/MASTERCARD of which the correct details are given above.

Signature: .....

Date: ...../...../.....

After choosing your gift, please fill the mail order form and e-mail it to [vchristofle@vakko.com.tr](mailto:vchristofle@vakko.com.tr)  
You can also create a gift voucher for an amount of your choosing, without specifying a product.  
You will receive a confirmation e-mail following your request.