



Credit Card Authorization Form

I, _____, authorize **Anadolu Patent Danışmanlık Bilişim ve Ticaret A.Ş. (Anadolu Patent AS)** to process the following charges against the credit card indicated.

Card Type :

Name on card :

Card Number :

Expiry Date (mm/yy) :

CVV Security No :

Amount Authorized (₺TL)* :

Invoice Numbers :

Email Address :

I accept that the above information given is correct.

Anadolu Patent Danışmanlık Bilişim ve Ticaret A.Ş. (Anadolu Patent AS) is authorized to withdraw the written amount in this form. In case of an objection by the credit card holder, I undertake to compensate all damages Anadolu Patent Danışmanlık Bilişim ve Ticaret A.Ş. (Anadolu Patent AS) may be subjected to without a need for a prior notification or a court order. Otherwise, I hereby declare, admit and undertake all legal responsibility to be born upon me in case of any legal action.

Date (dd/mm/yyyy):

Signature: _____

**Please specify if you are quoting any currency other than Turkish Lira. Your card will be charged with the TL equivalent.*

**Please be informed that a 2% surcharge of bank commission will be applied to the Amount Authorized.*

**We do not record your credit card information in our company database, before or during the transaction.*

**Please forward this form by email to bilgi@anadolupatent.com.tr or accounting@anadolupatent.com.tr*

ANADOLU PATENT DANIŞMANLIK BİLİŞİM VE TİCARET A.Ş.

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