

**TAMARA BUSINESS HOTEL ACCOMMODATION PAYMENT  
MAIL ORDER FORM (Credit Card Payment Agreement)**

*This form has been prepared for TUED Inter-Regional Meeting participants.*

**Full Name:**

**Mobile No:**

*Special rate for TUED: 3500 TRY per night including breakfast. Tahilpazarı, 466. Sk. No:4, 07100 Muratpaşa / Antalya / Turkey*

**CREDIT CARD HOLDER INFORMATION / CARD DETAILS / PAYMENT DETAILS**

- **Credit Card Type:** VISA [ ] MASTER [ ]
- **BANK:** .....
- **Name on Card:** .....
- **ID / Passport No:** .....
- **Credit Card No:** [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ]
- **Expiry Date:** [ \_ \_ ] / [ \_ \_ ] **CVV:** [ \_ \_ \_ ]

**Total Amount to be Charged:** ...28 000..... TRY (in words: .....Yirmisekiz bin.....)

By signing this agreement, you are deemed to have accepted the payment conditions for Tamara Business Hotel accommodation.

I have read and accepted the entire agreement. I hereby authorize the specified amount to be automatically withdrawn from the credit card whose details are provided above and transferred to the account of Tamara Business Hotel.

In the event of a change in card number, expiry date, theft, or loss, I undertake to apply to the relevant authorities and hold the vendor institution harmless regarding this situation. The cancellation or non-payment of a payment date I have previously given is out of the question.

I have purchased the accommodation fee of a total of .....28 000..... TL for a total of ..... rooms and ...8... nights under the name of ..... at Tamara Business Hotel between the dates of **November 11-18, 2026**, by paying via single credit card withdrawal on the date of ..... "

I hereby accept and undertake that the amount and on the dates specified above will be charged from my (VISA/MASTER) credit card numbered ...../...../...../..... issued in my name, and that no other written permission is required on this matter. I also accept and undertake that in case of any changes such as the change of card number or expiration of the expiry date related to the credit card information I have provided for the collection of the entire balance of my reservation, if the transaction cannot be made from the said card, I will notify Tamara Business Hotel of another card number for the collection of the payment.

If the total amount cannot be collected from the credit card whose number is specified on the specified date for any reason, I accept and undertake to pay in cash within one business day; if I do not make the payment, I accept and undertake that the amount written or notified above will be withdrawn from my credit card with a 15% penalty and additionally a 5% default interest, and if it cannot be withdrawn from my credit card, I will pay it in cash and in one lump sum within one business day.

Mail order transactions whose due date falls on a holiday are charged on the previous business day.

I hereby authorize the total amount specified above to be charged from the credit card whose details I have provided.

Date: .....

Signature: .....

**Please scan the form and send it via email to [tuedantalya@gmail.com](mailto:tuedantalya@gmail.com)**

A copy of the ID card or passport of the credit card holder above is required for the verification process. Please attach a copy of the credit card holder's ID card or passport along with the form.