

# COMPANY LETTER HEAD

## PAYMENT ORDER

**TO : VAKIFBANK NEW YORK**

Date: -----

Please make the following payment from our account No:.....

**AMOUNT :** -----

**BENEFICIARY BANK:** -----

**BENEFICIARY ACCOUNT NO** .....

**BENEFICIARY NAME**-----

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**( CUSTOMER) Name**

**Signature**

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**(BANK) Prepare**

**Authorized signature**