**CREDIT CARD AUTHORIZATION FORM**

# I \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ the under signed resident of,

**Billing Address**

**Phone Numbers**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Residence**

**Office**

**Cell**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

On this

\_ \_ \_ \_ \_ \_ \_ of \_ \_ \_ \_ \_ \_ \_ 2017, give full authorization to **Akbar Travels of India Limited**



# and/or to its ticketing Agent to charge on my credit card listed below:

**Credit Card details:**

Full name of the Cardholder

Credit Card Type Credit Card number

Expiry date

CVV No

Total Amount

**Please complete all items & attach a copy of your credit card and a photo I.D**

## Signature of the Cardholder:

Date:

Note: Cardholder acknowledges receipt of goods and/or service in the amount of the total shown hereon, furthermore is fully awaore of all applicable restrictions and/or penalities as shown on such tickets and further accepts that all sales are final, nonrefundable and unchangeable. Cardholders/passangers are responsible to inspect merchandise for accuracy and for any corrections. Visa services are not included but can be provided for an extra charge.

**Thank You for choosing Akbar Travels of India Limited**