

Credit Card Authorization

Please complete this form and return it via fax to the number above with a **copy of your Credit Card and an identity card** that shows your name and address. Please fill all fields.

Travel Agent Name _____

Passenger Name(s)

Last Name	First Name
1.	
2.	
3.	
4.	
5.	

Departure Date _____
Day / Month / Year

Return Date _____
Day / Month / Year

Name on Card _____

Card Number _____

Expiry _____
Month / Year

Card Type Visa Master Card American Express

Amount to Charge R _____

Paying For _____
Type Reservation# or Flight# or Invoice#

I authorize my credit card to be charged for the above amount.

Card Holder Signature _____

Date _____
Day / Month / Year