

BHARAT TRAVEL AND TOURISM
172 MADISON AVE, SUITE #205, NEW YORK, NY 1001
Tel 212 889 7511. Fax 212 889 7525

CREDIT CARDHOLDER AUTHORIZATION FORM

In lieu of my credit card imprint, I (Name) -----

Hereby authorize (Travel agency name)-----

To charge my (card no/expiration date)-----

In the amount of \$-----for payment of travel of-----

For itinerary as follows-----

My billing address is -----

My phone no is H----- W-----

IMPORTANT NOTE: PLEASE PROVIDE PHOTOCOPY OF THE CREDIT CARD.

FRONT AND BACK AND PASSPORT OR DRIVER'S LICENSE OF CARD HOLDER

By signing below, I acknowledge described hereon. Payment in full to be made when billed or in extended
Payments in accordance with standard policy of company issuing card.

Signature of card holder

Should any default or payment dispute arise, the above travel agent will pay for the purchase and settle the
Payment with cardholder. In case any legal lawsuit the above travel agent will also be responsible for any
Legal fees incurred.

For BHARAT TRAVEL ACCOUNTING USE ONLY