

Authorization for Credit Card Charge

Print out this form and fill in the following information.

Fax or mail the completed form to Sworna Travels & Tours (P.) Ltd.

I _____, holder of the below Credit Card
(Write Name of Cardholder as shown on Credit Card)

Hereby authorize to Sworna Travels & Tours (P.) Ltd. to charge my

Credit Card Visa MasterCard

Credit Card No. _____ Expiry Date _____

The amount of : US\$ _____
(Write Clearly in words)

& in figures US\$ _____ for Payment of Flight Tickets/Tour/Trekking/Advance for
myself and / or _____
(Full Name (s) of Passenger (s) if other than Cardholder)

for the services ordered : _____

My Credit Card billing Address is :

Telephone No. _____ / _____
(Home) (Office)

NOTE:

For identification, please provide photocopy of the Credit Card (Front & Back) along with Passport or Driver's License or Social Security Card of Cardholder.

By signing below, I acknowledge charges described hereon and the payment will be made to you, when billed to me in accordance with standard policy of issuing Credit Card Company.

(Signature of Cardholder)

Date : _____

Special Note :

Please complete this form in hand writing and fax 977-1-4278842 on your ordering the services. Incomplete information or false statement shall be considered sufficient cause for denial of services.