



**\*\*\* PHOTOCOPIES OF BOTH FRONT & BACK OF CREDIT CARD, AND OF THE CREDIT CARDHOLDER'S ID DOCUMENT TO ACCOMPANY THIS DEBIT ORDER AUTHORITY FORM \*\*\***

### CREDIT CARD AUTHORIZATION FORM - ADMINISTRATION

Please Tick The Applicable Box And Insert Amount To Be Charged

Lost Card Payment:		Expediting Fees:		Purchasing of Miles:		Reversal Fees:	
Amount:		Amount:		Amount:		Amount:	
Total amount to be charged:							

### CONTACT PERSON:

Voyager contact person:	
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### VOYAGER MEMBER'S DETAILS:

Name:	
Voyager number:	
Contact number:	
Reservation number:	

### \*CREDIT CARD HOLDER'S DETAILS:

Surname & Name:												
Address:												
Contact number:												
Identity number:												

### CREDIT CARD DETAILS:

Type of credit card:	Amex:		Diners:		Master:		Visa:				
Name on credit card:											
Credit card number											
Expiry date of credit card (mm / yy)									/		
Last 3 digits on the back of the credit card:											

To: \_\_\_\_\_

Fax: \_\_\_\_\_

I \_\_\_\_\_ hereby authorize Yusra Tours to debit my credit card for charges as detailed above.

SIGNATURE: \_\_\_\_\_

Once completed please fax back to: 012 374 2385