

TEL: 1-(510)-315-2406
FAX: 1-(510)-315-2415
BOOKINGS: 1-(866)-258-9060 (TOLL FREE)
EMAIL: TRAVEL@CHEAPAFRICATICKETS.COM

CREDIT CARD AUTHORIZATION

Your credit card statement will reflect the name of our supplier to whom your credit card is charged.

Name of our Supplier: _____

Address: _____ Booking#: _____

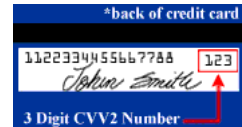
TO BE COMPLETED BY CREDIT CARD HOLDER

IN LIEU OF MY CREDIT CARD IMPRINT, I _____

TYPE OF CARD: Visa ___ Master Card ___ American Express ___ Discover ___

Card#: _____ Expiry: _____

Amount: \$ _____ V-Code: _____



HEREBY AUTHORIZE CHEAP AFRICA TICKETS, INC., or ITS SUPPLIER TO CHARGE MY CREDIT CARD FOR TRAVEL EXPENSES IN THE AMOUNT INDICATED. I ACKNOWLEDGE THE CHARGES DESCRIBED HEREIN. PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD

MY BILLING ADDRESS: _____

City: _____ State: _____ Zip: _____ TEL: _____

X _____ Date: _____
Signature of the cardholder

Your signature serves as evidence that you have read, understood and agreed to the rules and regulations as stipulated herein (including but not limited to the refund ability of the ticket). It is the right and responsibility of the purchaser to request full explanation of all applicable restrictions, and or obtain clarifications of said restrictions.

THIS FORM MUST BE RECEIVED **PRIOR** TO TICKET ISSUANCE. INCOMPLETE INFORMATION OR FALSE STATEMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF TICKET.

PLEASE FAX SIGNED COPY OF THIS FORM, PHOTO COPY OF THE CREDIT CARD (FRONT & BACK) AND DRIVER'S LICENCE OF CARD HOLDER TO (510) 315-2415