



Rakchhya Travels INC

48-49 St ,Suit # 3c, Jackson Height , NY,11385 , New York, USA

Email: info@rakshyatravel.com, Tel: 1-646-473-2974 Fax: 1-3475494330

Credit Card Authorization Form

Credit Card Number: _____ Expiration Month/Year: _____

Issuing Bank: _____ Bank Phone Number: _____

(You will find the above information on the back of your credit card)

Name of passenger(s)

Relationship with cardholder

1. _____
2. _____
3. _____
4. _____

Authorized charge amount in US \$: _____ Confirmation Signature: _____

Please Read Carefully

I, _____ (Name of credit card holder as printed on the credit card) hereby
Authorize Rakchhya Travels INC _____ (Name of airline) to charge the above-mentioned amount to my
credit card for the purpose of purchasing airfare for the passengers identified above

I hereby promise not to dispute or contest these charges once credit is approved.

Credit Card Holder's Billing Address

X _____

(Credit Card holder's authorized signature)

Signed at (city): _____ Date: _____

Home Phone: _____ Cell Phone: _____

Fax: _____

Driver's License No.: _____ Issued in: _____

Please attach a photocopy of the credit card (front & back) and a photocopy of the card holder's driver's license. Photocopies must be very clear for acceptance. No exceptions. It is strongly recommended to set the copier for a light copy and enlarged or zoomed.

Amount:

Authorized By