

CREDIT CARD AFFIDAVIT

I _____ AUTHORIZE TRAVEL HOUSE

(NAME OF CREDIT CARD HOLDER)

TO CHARGE MY CREDIT CARD # _____ USD

CARD TYPE: VISA () MASTERCARD ()

SERVICE _____

(TYPE OF SERVICE YOU BUY)

PASSPORT # _____ DATE OF BIRTH _____

SIGNATURE _____ DATE _____

PLEASE ENCLOSE A COPY OF YOUR CREDIT CARD (BOTH SIDES) AND YOUR PASSPORT WITH YOUR SIGNATURE

FULL NAME _____

BILLING ADDRESS _____

SIGNATURE _____

FOR OFFICE USE ONLY (002138000064)

Authorization No _____

Authorization Date _____ CVV2 _____