

CREDIT CARD AFFIDAVIT

I _____ AUTHORIZE TRAVEL HOUSE

(NAME OF CRIDET CARD HOLDER)

TO CHARGE MY CREDIT CARD # _____

CARD TYEP: VISA () MASTRCARD ()

EXPIRATION DATE _____ **AMOUNT**

IN USD _____

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 SIGNITURE

FULL NAME

BILLING ADDRESS

SIGNATURE

FOR OFFICE USE ONLY (002138000064)

Authorization No _____

Authorization Date _____ CVV2 _____