



Akbar Travels of India Limited

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CREDIT CARD AUTHORIZATION FORM

I _____ the under signed resident of,

Billing Address

Phone Numbers

Residence -----

Office -----

Cell -----

On this _____ of _____ 2017, give full authorization to **Akbar Travels of India Limited**

and/or to its ticketing Agent to charge on my credit card listed below:

Credit Card details:

Full name of the Cardholder	
Credit Card Type	
Credit Card number	
Expiry date	
CVV No	
Total Amount	

Please complete all items & attach a copy of your credit card and a photo I.D

Signature of the Cardholder: _____

Date: _____

Note: Cardholder acknowledges receipt of goods and/or service in the amount of the total shown hereon, furthermore is fully aware of all applicable restrictions and/or penalties as shown on such tickets and further accepts that all sales are final, nonrefundable and unchangeable. Cardholders/passengers are responsible to inspect merchandise for accuracy and for any corrections. Visa services are not included but can be provided for an extra charge.

Thank You for choosing Akbar Travels of India Limited