



**\*\*\* PHOTOCOPIES OF BOTH FRONT & BACK OF CREDIT CARD, AND OF THE CREDIT CARDHOLDER'S ID DOCUMENT TO ACCOMPANY THIS DEBIT ORDER AUTHORITY FORM \*\*\***

**CREDIT CARD AUTHORIZATION FORM - ADMINISTRATION**

**Please Tick The Applicable Box And Insert Amount To Be Charged**

Lost Card Payment:		Expediting Fees:		Purchasing of Miles:		Reversal Fees:	
Amount:		Amount:		Amount:		Amount:	
Total amount to be charged:							

**CONTACT PERSON:**

Voyager contact person: \_\_\_\_\_

**VOYAGER MEMBER'S DETAILS:**

Name:	_____
Voyager number:	_____
Contact number:	_____
Reservation number:	_____

**\*CREDIT CARD HOLDER'S DETAILS:**

Surname & Name:	_____
Address:	_____
Contact number:	_____
Identity number:	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

**CREDIT CARD DETAILS:**

Type of credit card:	Amex:		Diners:		Master:		Visa:	
Name on credit card:	_____							
Credit card number	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____							
Expiry date of credit card (mm / yy)	____ ____ ____ ____ ____ ____						/	____ ____ ____ ____ ____ ____
Last 3 digits on the back of the credit card:	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____							

To: \_\_\_\_\_

Fax: \_\_\_\_\_

I \_\_\_\_\_ hereby authorize Yusra Tours to debit my credit card for charges as detailed above.

SIGNATURE: \_\_\_\_\_

Once completed please fax back to: 012 374 2385

Should all mandatory fields not be filled in, Yusra Tours will not be held responsible should the ticket not be issued. Please complete the form in full. All fields are Mandatory.