

Credit Card Authorization Form

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|--|---|--|-------------------------------------|-------------------------------------|
| Fill out and mail or fax to: | World Travel Services - The Internet Travel Agency Slottsgatan 18, 5tr - SE-211 33 MALMO - SWEDEN Fax (int.): +46 - 40 - 602 36 65 Fax (nat.): 040 - 602 36 65 Email: info@worldtravelservices.net | | | |
| Please charge my credit card: | <input type="checkbox"/> Amex | <input type="checkbox"/> Diners | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa |
| Name of card holder: | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms |
| Card number: | | | | |
| Valid through: | | | | |
| The amount of Swedish kronor (SEK) in numbers: | | | | |
| The amount of Swedish kronor (SEK) in words: | | | | |
| As payment for: | <input type="checkbox"/> Travel insurance | <input type="checkbox"/> Airline tickets | <input type="checkbox"/> Hotel | <input type="checkbox"/> Rental car |
| Name of passenger(s): | | | | |
| Signature of card holder (as on credit card): | | | | |
| Billing address of card holder: | | | | |
| Forwarding address (if different from above): | | | | |
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