

Credit Card Payment Authorization Format

International Card

1. Card Number _____
2. Expiry Date ___/___ (mm/yy)
3. CVV 2/CVC 2 _____
4. Cardholder Name _____
5. Bin Number _____ Not Applicable
6. Issuing Bank Name _____
7. Date Of Birth _____
8. Mother Maiden Name (MMN) _____
9. Billing Address with Postal Code _____
10. Residence Telephone Number _____
11. SSN (Social Security Number) _____ Not Applicable
Number
12. Passport Number _____
Date of Issue : _____
13. Txn. Amount (INR) _____

Mandatory Requirement : Please fax a photocopy of your Credit Card (front and back), along with photocopy of the card holder's Passport at 91-141- 2811180 along with this form

In lieu of my credit card imprint, I , hereby authorize M/s Ashoka Holidays Pvt Ltd , Jaipur (India) to charge my above Credit Card for the amount shown above. By signing below, I acknowledge the charges described above. I understand that the above amount is subject to cancellation policies, which have been understood by me and undertake not to take a charge back for the above amount.

I am paying this amount against my Travel services in India from _____ to _____

Card Holder's Signature : _____

Date: _____