

CREDIT CARD BILLING AUTHORISATION FORM

CREDIT CARD INFORMATION

Card Holder Name

Credit Card Type VISA MASTER

Please note that we do not accept **American Express** and **Debit/Prepaid Cards**.

Credit Card Number

Expiry Date (mm/yyyy)

BILLING INFORMATION

Billing Address

City State / Province

Country Zip /Postal Code

Phone Number Date

PURCHASE INFORMATION

Passenger / Guest Name

Product Purchased

Correspondent Amount (AED)

Booking Reference Total with surcharge 2.5%

DECLARATION

- I authorize Gulf Ventures to charge the credit card number provided for the above amount. All information provided above is accurate and complete. I acknowledge that any product or service ordered from Gulf Ventures may be terminated if any charges to my credit card are declined. All payments will be processed in United Arab Emirates Dirhams (AED).
This form is to be accompanied by a scanned or photocopy of Photo ID of card holder for proof of signature.

SIGNATURE: _____