CREDIT CARD PAYMENT AUTHORISATION FORM

PLEASE ATTACH A CLEAR PHOTOCOPY OF:
1. YOUR CREDIT CARD, BACK AND FRONT
2. YOUR IDENTITY DOCUMENT (RSA CITIZEN) AND/OR PASSPORT

I,_____ (Cardholder full name) - Nationality:_____ Date of Birth:_____

OF_____ (current residential address)

OF_____ (current billing address)
(where your credit card statements are sent i.e. Postal Address)

HEREBY AUTHORISE Travel Sensations TO DEBIT BY CREDIT CARD AS DETAILED BELOW, FOR TRAVEL ARRANGEMENTS FOR

MYSELF_____

_____
(and full names of other passengers and relationships to cardholder)

CREDIT CARD NO: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CARD TYPE: _____

EXPIRY DATE OF CARD: ☐☐☐☐ (MMYY) LAST 3 DIGITS ON BACK OF CARD: ☐☐☐☐

CARDHOLDER'S NAME AS IT APPEARS ON THE CARD: _____

CARDHOLDER'S IDENTITY / PASSPORT NUMBER:_____

STRAIGHT / BUDGET PAYMENT: Straight ☐ 6 Months ☐ 12 Months ☐ 18 Months ☐ 24 Months ☐

In some instances the total amount due will reflect as 2 transactions on your statement. One under the airline / operator and the 2nd under Travel Sensations. However, these 2 amounts will always match the total price.

AMOUNT IN S.A. RANDS: R_____._____(full amount due)

AMOUNT IN WORDS:_____

SIGNATURE OF CARDHOLDER (as on card):_____

CONTACT NUMBERS: (Please fill in all if applicable)

Home: (____)_____ / Work: (____)_____ / Cell: (____)_____ /Fax: (____)_____

Thank you for completing all the information on this form. This will assist you and Travel Sensations in eliminating abuse of your credit card. Credit card fraud is rife and in order to protect all parties there could be a delay of approximately 72 hours within which time the validity of the charge will be verified. Please note that Travel Sensations cannot be held responsible for any cancellation, price fluctuations or any financial loss incurred by you resulting from any error, delay or omission in the processing of this charge. Further, should be any dispute regarding charges to your credit card, Travel Sensations is authorised by the cardholder's signature above to charge all monies due to the credit card. Please refer to our Terms and Conditions.

I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/ OR COUPONS FOR RELATED CHARGES DESCRIBED HERON AND AM AWARE OF APPLICABLE RESTRICTIONS AND/OR PENALTIES AS SHOWN ON SUCH TICKETS AND/OR COUPONS. PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AND AS REFLECTED IN APPLICABLE TARIFFS	**STANDARD CREDIT CARD CHARGE FORM**		DATE AND PLACE OF ISSUE
	AIRLINE NUMERIC CODE	1. TICKETOR COPY	
X	DATE OF ISSUE	IF EXTENDED PAYMENT DESIRED CIRCLE NUMBER OF MONTHS 6 12 24 ___	

NAME OF PASSENGER IF DIFFERENT FROM CARDHOLDER	OTATO NO.	CONNECTION OF PASSENGER WITH SUBSCRIBER	APPROVAL CODE

COMPLETE ROUTING	FARE BASIS	CARRIER	AIRLINE	FORM	SERIAL NO.	CHECK DIGIT

			TICKETS NOT TRANSFERABLE No Cash Refunds
			CREDIT CARD CODE

CURR.	FARE	TOTAL	CUSTOMER FILE REFERENCE
CURR.	TAX		
CURR.	EQUIV. AMT PD		