



Your Travel Agency Since 1996

## CREDIT/DEBIT CARD AUTHORIZATION FORM

I hereby authorize Efes International Travel, Inc to debit my credit/debit card for the cost of my/our flights booked under,

PASSENGER NAME RECORD (PNR):

AMOUNT:

PASSENGER NAME(S):

PASSENGER DATE OF BIRTH(S):

E-MAIL ADDRESS:

CONTACT PHONE NUMBER:

CARD NUMBER:

EXPIRATION DATE:

3 OR 4 DIGITS SECURITY NUMBER:

**Visa**  **MasterCard**  **American Express**  **Discover**

**BILLING ADDRESS:**

**MAILING ADDRESS:**

(If different from above)

*PLEASE EMAIL BACK TO [EFES@EFESTRAVEL.COM](mailto:EFES@EFESTRAVEL.COM) WITH THE IMAGE OF CREDIT CARD SHOWING THE CARDHOLDER'S NAME AND THE CREDIT CARD NUMBERS, ALONG WITH A CARDHOLDER'S I.D. FOR VERIFICATION PURPOSE.*

*IF IT IS A COMPANY CARD WITH NO CARDHOLDER'S ID TO MATCH, PLEASE PRESENT THE PROPER COMPANY LETTERHEAD AUTHORIZING US THE TRANSACTION. THANK YOU.*

**CARD HOLDER SIGNATURE..... DATE.....**