

AUTHORIZATION TO CHARGE ON CREDIT CARD

Note: Please fax a photocopy of your Credit Card (front & back) and a photocopy of the card holder's Passport to Fax # +91-141-5180168 along with this form.

Master Card Visa Card

Passenger Name: _____

Card Holder Name: _____

Date of Birth: _____

Card Number: _____

Card Expiration Date: _____

Total Amount : if US\$ _____

if EURO _____

if GBP _____

Billing Address: _____

Billing City: _____

Billing State: _____

Billing Country: _____

Billing Zip/Pincode: _____

Home Phone (with country & city code) : _____

Office Phone: (with country & city code): _____

Mobile Phone (with country code) : _____

In lieu of my Credit Card imprint, I _____, hereby authorize **The Heritage, "Heritage Mansion" 6/96, SFS, Mansarovar, Jaipur – 20 (Rajasthan) INDIA** and/or their representative 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.

Card Holder's Signature

Date : _____