

AUTHORIZATION FORM

NAME & ADDRESS OF TRAVEL AGENT

AL FUTTAIM TRAVEL
P O BOX : 7880,
DUBAI,
UAE.

I hereby authorized the above company to charge for any travel services requested by me or my authorized proxy by phone / fax / e-mail or letter to my credit card account as per the details mentioned below.

AMOUNT IN AED : _____

CARDHOLDER'S NAME : _____

CARD NUMBER : _____

EXPIRY DATE : _____

BILLING ADDRESS : _____

SERVICES PROVIDED TO : _____

TYPE OF TRAVEL SERVICES : _____

DATE : _____

SIGNATURE OF CARDHOLDER: _____

CARD TYPE VISA MASTER AMEX

FRONT SIDE OF THE CARD

BACK SIDE OF THE CARD

IF ANY ALTERATION OR MANIPULATION OF THE ABOVE DATA IS MADE THIS FORM WILL NOT BE VALID

Please Fax this form to: + 971 4 2942746