
Credit card charge authority
Please print this form and fax to +61-7-40311210

CARD HOLDERS NAME: _____

YOUR E-MAIL: _____

YOUR PHONE: _____

YOUR FAX: _____

CREDIT CARD NUMBER: _____

PLEASE TICK CREDIT CARD TYPE

- AMERICAN EXPRESS**
- VISA CARD**
- MASTERCARD**
- DINERS**

EXPIRY DATE OF CREDIT CARD: _____ / _____

AMOUNT AUTHORISED:

CARD HOLDER'S SIGNATURE: _____

TRIP YOU ARE BOOKING:
