

Credit Card Payment Authorization Format (For VISA / MASTER Cards)

International Card	
1. Card Number	
2. Expiry Date	
3. CVV 2/CVC 2	
4. Cardholder Name	
5. Bin Number	Not applicable
6. Issuing Bank Name	
7. Date Of Birth	
8. Mother Maiden Name (MMN)	
9. Billing Address with Postal Code	
10. Residence Telephone Number	
11. SSN (Social Security Number) Number	Not Applicable
12. Passport Number Date of Issue :	
13. Txn. Amount (INR)	

Mandatory Requirement : Please fax a photocopy of your Credit Card (front and back), along with photocopy of the card holder's Passport at 91-141- 2811180 along with this form

In lieu of my credit card imprint, I _____, hereby authorize M/s **Ashoka Holidays Pvt Ltd**, Jaipur (India) 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.

I am paying this amount against my Travel services in India from _____ to _____.

_____.

Card Holder's Signature :

Date: _____