

EASYTRIP INDIA PRIVATE LIMITED

5529-GF,Main Road Old Seelam Pur, Gandhi Nagar, Delhi--110031

3rd Party Credit / Debit Card Payment Authorisation Form

This is to authorize easytrip to use my Credit/Debit Card Details (as mention below) as deposit /full payment for travel arrangements as below.

The card details below are true and correct. I confirm the credit/debit card is registered to me at the address below:

Invoice No:

Consultant:

Passenger Names:

Date of Departure:

Destination:

Date of Return :

Cardholder's Name:

Billing Address:

Card No:

Valid from :

Issue No:

Expiry Date :

CVC No:

Amount :

I agree to provide a scanned copy of both photo identity card and my credit card (front & back) for verification purpose and one utility bill incase of card issued Out side India.

Card Holder's Signature: _____

Date: _____

Fax: 011-22592733

Contact Mail: info@easytrip.co.in