



MASTER / VISA CREDIT CARD PAYMENT FORM

ALL DETAILS SHALL BE FILLED IN UPPERCASE ONLY

CARD DETAILS

CARD HOLDER'S NAME	
CARD NO.	
MASTER / VISA	
DATE OF EXPIRY	
BILLING ADDRESS	City ----- State ----- Country ----- Pin/Zip
TELEPHONE	Home
	Work
	Cell
AMOUNT	
PAYING FOR (Tour Name)	

DECLARATION

In lieu of my credit card imprint, I _____, hereby authorize **COMPASS INDIA** to charge my credit card as per the details above. By signing below, I acknowledge the charges described above. I understand that the above amount is paid for services rendered / to be rendered to me / my family / travel partners (as may be the case) subject to the conditions of the SCOPE OF WORK & GENERAL INFORMATION which I have read and understood.

Signature: _____ Date (mm/dd/yy): _____