



Afghan International Travel

CREDIT CARD ACCEPTANCE FORM

Please send us the completed form with signature by Fax + 49 69 256 226 557

1. SERVICES:

Flight Ticket	<input type="checkbox"/>	Booking Code/Airline:	_____
Hotel	<input type="checkbox"/>	Booking Code:	_____
Car Rental	<input type="checkbox"/>	Booking Code:	_____
Package Holiday	<input type="checkbox"/>	Booking Code:	_____

INVOICE AMOUNT IN EURO: _____

2. CREDIT CARD INFORMATION

Card Type:	<input type="checkbox"/>	VISA
	<input type="checkbox"/>	MASTER CARD
	<input type="checkbox"/>	AMERICAN EXPRESS
Credit Card Number (16 Digits) :	_____	
Expiration Date (MM /JJJJ):	_____ / _____	
Security Number: (3 Digits on backside of card)	_____	

3. INFORMATIONS CREDIT CARD HOLDER

Surname / First Name: _____
(Name as it appears on Credit Card)

Company / Organisation (optional): _____

Street and Number: _____

Postcode and City : _____

State: _____

Telephone Number: _____

4. INFORMATIONS FOR TRANSACTION

With your signature you give your authorization to Afghan International Travel, to process payment for the above mentioned Invoice amount (Point 1) against the above referenced credit card.

5. SIGNATURE

The customer agrees that the below signature is that of the authentic cardholder, and all filled dates are right.

I hereby confirm that I have read and filled in the complete form and authorise Afghan International Travel, Frankfurt, Germany to process the payment by my credit card.

Signature Card Holder: _____

Transaction ID: _____
(will filled in from AIT)

City, Date: _____

